MAXIMUS Federal Services

Case Number:	CM14-0002517		
Date Assigned:	01/24/2014	Date of Injury:	10/05/2000
Decision Date:	06/11/2014	UR Denial Date:	12/24/2013
Priority:	Standard	Application Received:	01/07/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Family Medicine and is licensed to practice in Arizona. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 62-year-old male with a date of injury on 10/05/2000. The diagnoses include cervical radiculopathy, and thoracic neuropathy. The patient is status post left thoracic outlet surgery in 2005/2006, cervical fusion in 2011, and posterior decompression on 2/24/2013. Subjective complaints are of continued neck pain with limited range of motion. Physical exam states limited cervical range of motion, no further detailed exam was identified in the medical records. MRI (magnetic resonance imaging) from 9/25/13 showed worsening C4-C5 disc protrusion. Prior treatments include exercise, trigger point injections, and epidural steroid injections. Most recent office notes indicate that the patient is awaiting surgery. The submitted documentation does not indicate ongoing migraine headaches, insomnia, or symptoms of opioid withdrawal. The medical records do not show evidence of current urine drug screens, or evidence of functional improvement with opioid medications.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

OXYCONTIN 80 QUANTITY 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The patient in question has been on chronic opioid therapy. The CA Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, while opioid therapy may be indicated there is no documentation present that demonstrates stability on medication, or increased functional ability. Furthermore, documentation is not present of the MTUS opioid compliance guidelines, including updated urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the medical necessity of Oxycontin is not established.

MAXALT 10 MLT QUANTITY 15: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head Chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Head, Triptans.

Decision rationale: The Official Disability Guidelines (ODG) recommends Maxalt for migraine headache sufferers. For this patient, submitted documentation does not show subjective or objective evidence of migraine headaches. Therefore, the medical necessity of Maxalt is not established.

LUNESTA 3 MG QUANTITY 60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Insomnia treatment.

Decision rationale: The Official Disability Guidelines (ODG) states that chronic insomnia may be correlated with other intrinsic sleep disorders, primary insomnia, or chronic medical condition and is more likely to occur in the elderly, depressed patients, and medically ill populations. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. The ODG states that pharmacological agents should only be used after careful evaluation of potential causes of sleep disturbance. The record does not show subjective complaints of insomnia or evaluation for cause of the worker's insomnia. Therefore, the medical necessity of Lunesta is not established.

CLONIDINE PATCH 0.124 QUANTITY 10: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain chapter.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioid Weaning.

Decision rationale: The Official Disability Guidelines (ODG) suggests that Clonidine can be utilized for opioid withdrawal symptoms as long as there are no contraindications to use. For this patient, there is no documentation of discontinuation of opioids or withdrawal symptoms. Therefore, the medical necessity of Clonidine patches is not established.