

Case Number:	CM14-0015963		
Date Assigned:	06/04/2014	Date of Injury:	06/07/2007
Decision Date:	08/11/2014	UR Denial Date:	01/10/2014
Priority:	Standard	Application Received:	02/07/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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 56-year-old male who has submitted a claim for myofascial pain, intervertebral disc disease and bilateral lumbar radiculitis with impingement associated with an industrial injury date of January 10, 2014. Medical records from 2013 through 2014 were reviewed, which showed that the patient complained of persistent low back pain. On physical examination, there was hypertonicity of the cervical and lumbar musculature with myospasm noted. Lumbar range of motion (ROM) was approximately 30 degrees on flexion and 5 degrees on extension. MRI of the Cervical Spine without contrast done on Feb 27, 2014 showed multilevel spinal canal stenosis from C3-C7. Treatment to date has included cyclobenzaprine, oxycontin and Norco

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: As stated on page 78 of CA MTUS Chronic Pain Medical Treatment Guidelines, there are 4 A's for ongoing monitoring of opioid use: pain relief, side effects,

physical and psychosocial functioning and the occurrence of any potentially aberrant drug-related behaviors. The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs. In this case, patient has been on Oxycontin since December 2013. Intake of opioids provided him pain relief from 9/10 to 4-6/10, and allowed to do normal activities, such as taking care of his animals. Urine drug screen on 2/19/14 likewise showed consistent results with the prescribed medications. Guideline criteria were met. Therefore, the request for Oxycontin 20mg #90 was medically necessary.

Norco 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78-81.

Decision rationale: As stated on page 78-81 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. In this case, the patient was given Norco for cervical nerve root compression. Records reviewed showed that the patient has been on this medication since at least January 2013. Intake of opioids provided him pain relief from 9/10 to 4-6/10, and allowed to do normal activities. Urine drug screen on 2/19/14 likewise showed consistent results with the prescribed medications. Guideline criteria were met. Therefore, the request for Norco 10/325mg #120 was medically necessary.

Cervical Pillow: 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) Neck and Upper Back Chapter, Pillow.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back Chapter, Pillow.

Decision rationale: The CA MTUS does not specifically address this topic. Per the Strength of Evidence hierarchy established by the California Department of Industrial Relations, Division of Workers Compensation, the Official Disability Guidelines (ODG), was used instead. It recommends use of a neck support pillow while sleeping, in conjunction with daily exercise. This RCT concluded that subjects with chronic neck pain, should be treated by health professionals trained to teach both exercises and the appropriate use of a neck support pillow during sleep; either strategy alone did not give the desired clinical benefit. In this case, cervical pillow was prescribed for improvement of insomnia symptoms. However, documents reviewed did not support the diagnosis of insomnia due to absence of discussion concerning sleep hygiene. Therefore, the request for cervical pillow was not medically necessary.

