

Case Number:	CM14-0016091		
Date Assigned:	06/13/2014	Date of Injury:	11/18/2005
Decision Date:	07/15/2014	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 Neurological Surgery 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 injured worker is a 40-year-old female was reportedly injured on November 18, 2005. The mechanism of injury was not listed in the records reviewed. The most recent progress note, dated January 24, 2014, indicated that there were ongoing complaints of cervical spine pain, carpal tunnel syndrome and shoulder pain. Current medications were stated to include cyclobenzaprine, Flector Patches OxyContin, Percocet and trazodone. The physical examination demonstrated decreased sensation at the right side C6 and C7 dermatomes, swelling of the right wrist, muscular atrophy of the right upper extremity and right upper extremity tenderness. There was a diagnosis of cervical intervertebral disc disorder. A previous diagnosis was also listed as cervical spine post laminectomy syndrome. There were refills requested for OxyContin, Percocet, Flector patches and cyclobenzaprine. Previous treatment included a cervical fusion and a right sided rotator cuff repair. A request was made for Oxycontin and Percocet and was partially certified in the pre-authorization process on January 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30 MG QTY:60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAIN TREATMENT AGREEMENT Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: According to the medical records provided, the injured employee has a diagnosis of cervical spine post laminectomy syndrome. While this condition could require pain control with oral medications for an undetermined length of time, there is no specific notation in the attached medical records regarding the previous efficacy of OxyContin, as well as documentation regarding improved function, return to work, and ability to perform activities of daily living while taking this medication. There are also no notations regarding urine drug screens. This information is essential to justify continued use of OxyContin. For these reasons, this request for OxyContin is not medically necessary.

PERCOCET 10/325 MG QTY:120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, PAIN TREATMENT AGREEMENT Page(s): 89.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, long-term assessment Page(s): 88.

Decision rationale: According to the medical records provided, the injured employee has a diagnosis of cervical spine post laminectomy syndrome. While this condition could require pain control with oral medications for an undetermined length of time, there is no specific notation in the attached medical records regarding the previous efficacy of Percocet, as well as documentation regarding improved function, return to work, and ability to perform activities of daily living while taking this medication. There are also no notations regarding urine drug screens. This information is essential to justify continued use of Percocet. For these reasons, this request for Percocet is not medically necessary.