

Case Number:	CM14-0111868		
Date Assigned:	08/01/2014	Date of Injury:	01/04/2009
Decision Date:	09/16/2014	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/17/2014

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 Internal Medicine, has a subspecialty in Rheumatology and is licensed to practice in Maryland. 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 with date of injury 1/4/2009. The mechanism of injury is stated as driving a flat bed vehicle into pallets. The patient has complained of neck and left upper extremity pain since the date of injury. He has been treated with physical therapy, cervical discectomy and fusion, epidural steroid injections and medications. There are no radiographic data included for review. Objective: painful and decreased range of motion of the cervical spine, tenderness to palpation of medial left epicondyle, positive Tinel's sign ulnar groove on left, mild weakness of left wrist extensors, left hand intrinsic musculature and left deltoid musculature. Diagnoses: bilateral cervical C6-7 radiculopathy and upper extremity weakness, anterior cervical discectomy and fusion C5-6, C6-7, cervical spine degenerative disc disease, left medial epicondylitis. Treatment plan and request: Oxycodone, Medrol Dose Pack.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride 15mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This is a 56 year old male who has complained of neck and left limb pain since date of injury 1/4/2009. He has been treated with physical therapy, cervical discectomy and fusion, epidural steroid injections and medications to include opioids since at least 12/2013. The current request is for oxycodone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycodone is not indicated as medically necessary.

Medrol Dose Pack: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines-Low Back Chapter.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 175.

Decision rationale: This is a 56 year old male who has complained of neck and left limb pain since date of injury 1/4/2009. He has been treated with physical therapy, cervical discectomy and fusion, epidural steroid injections and medications. The current request is for Medrol Dose pack. Per the MTUS guidelines cited above, Methylprednisolone is not recommended for the treatment of neck and upper back pain, forearm and wrist pain. Furthermore, there is no medical rationale in the available provider notes discussing the current request. On the basis of the MTUS guidelines cited above, Medrol Dose pack is not indicated as medically necessary in this patient.