

Case Number:	CM14-0123557		
Date Assigned:	08/08/2014	Date of Injury:	03/01/1994
Decision Date:	10/03/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/05/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records, presented for review, indicate that this 68 year old female was reportedly injured on 3/1/1994. The mechanism of injury was noted as cumulative trauma. The claimant underwent an anterior cervical discectomy and fusion (ACDF) in April 1996, followed by revision in September 1997. She underwent a sacroiliac (SI) joint fusion on the right in October 2012 and on the left in March 2014. The most recent progress notes, dated 6/5/2014, 6/26/2014 and 7/21/2014, indicated that there were ongoing complaints of neck and back pain. Physical examination demonstrated she was alert and oriented with clear speech but anxious, had OCD and was frustrated. Plain radiographs of the lumbar spine, dated 6/5/2014, demonstrated 17degrees dextroscoliosis of the lumbar spine, degenerative disk disease at L1 to L2, L3 to L4, L4 to L5 and L5 to S1, greatest at L5 to S1 and fixation of the right and left sacroiliac (SI) joints. Plain radiographs of the sacroiliac joints, dated 3/14/2014, demonstrated fusion of the left SI joint with two screws, and three metallic densities overlying the right SI joint as well. MRI of the lumbar spine, dated 6/5/2014, demonstrated laminectomy at L5 to S1, degenerative disk disease and facet arthropathy from T11 to S1, except at T12 to L1, left paracentral disk herniation at L1 to L2 unchanged from 2012, mild to moderate canal stenosis and right lateral recess stenosis at L3 to 4 unchanged from 2012, moderate canal stenosis and severe right lateral recess stenosis at L4 to L5 with entrapment of right L5 nerve in the lateral recess similar to 2012, moderate bilateral foraminal stenosis at L4 to L5, unchanged; bilateral foraminal stenosis and Right lateral recess stenosis at L5/S1 unchanged. Previous treatment included multiple surgeries and medications to include Cymbalta, Adderall, Restoril, Nuvigil, BuSpar, Propranolol, Nexium, Skelaxin, Neurontin, Flector patches, Zofran, famotidine, promethazine, Toviaz, Kadian, OxyContin and Percocet. A request was made for OxyContin 15 mg twice a day quantity sixty,

and Percocet 10/325 milligrams quantity 150 (modified for quantity sixty), which were not certified in the utilization review on 7/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 15mg twice a day #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75,78,92,97.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support long acting opiates in the management of chronic pain when continuous around the clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and back pain after a work related injury in 1994; however, there is no objective documentation of improvement in the pain or function with the current treatment regimen. In addition, progress notes indicate that this patient is taking Kadian, which is also a long acting opioid. The request for OxyContin is not considered medically necessary.

Percocet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines - Treatment Workers Compensation Pain Procedure Summary last updated 06/10/2014

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74,78,93.

Decision rationale: Medical Treatment Utilization Schedule (MTUS) guidelines support short acting opiates for the short term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The claimant suffers from chronic neck and low back pain after a work related injury in 1994. Review, of the available medical records, indicates that she reports a subjective improvement in her pain with medications; however, there is no objective clinical documentation of improvement in her pain and function with the current medication regimen. As such, this request is not considered medically necessary.

