

Case Number:	CM14-0124794		
Date Assigned:	08/11/2014	Date of Injury:	08/25/2009
Decision Date:	10/10/2014	UR Denial Date:	07/25/2014
Priority:	Standard	Application Received:	08/06/2014

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 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 42-year old female with date of injury 8/25/09. The treating physician report dated 5/15/14 indicates that the patient presents with continued neck pain and is preparing for cervical surgery. Current medications listed are Mobic, Methfolate, Skelaxin 800mg three times per day, as needed, Oxycontin 20mg three times per day, Lyrica 100mg twice per day, Prilosec 20mg every day, Norco 10/325 mg every day as needed. The physical examination findings reveal cervical spasms, tenderness to palpation C2-7, decreased cervical ROM and cervical facet joint maneuvers were positive. Operative report dated 6/11/14 for C4/5 ACDF with removal of C5/6 plate. The current diagnoses are: 1.Bilateral cervical facet pain2.Cervical facet joint arthropathy3.ACDF C5/64.Cervical s/s the utilization review reports dated 7/25/14 denied the request for Oxycontin 20mg based on the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin (Oxycodone Hydrochloride Controlled-Release) 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain,Opioids, long-term assessment Page(s): 80-82,88-96.

Decision rationale: The Oxycontin meets the MTUS and ODG guidelines as it provides 50% improvement of her around-the-clock pain with 50% improvement of her ADLs such as self-care, dressing. She is on an up-to-date pain contract with no aberrant behaviors. Her 3/20/14 UDS was consistent with medications." MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. The physician in this case has failed to document the patient's pain levels with and without medication and there is nothing to indicate that improved function is being measured on a numerical scale or validated instrument. MTUS requires much more documentation to show that this medication is efficacious in terms of pain and function. Given the lack of documentation, the OxyContin (Oxycodone Hydrochloride Controlled-Release) 20mg is not medically necessary.