

Case Number:	CM14-0132433		
Date Assigned:	08/25/2014	Date of Injury:	05/10/2001
Decision Date:	09/30/2014	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/19/2014

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, has a subspecialty in Pain Medicine 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 53-year-old male who reported an injury on 05/10/2001. The injury occurred when he was trying to grab a strap, and it broke, causing injury to his back and neck. The injured worker has diagnoses of status post anterior cervical discectomy and fusion from C4-5, broken hardware in cervical region, and status post multiple anterior, posterior thoracolumbar fusions and thoracic myelopathy, and pseudo arthrosis. Past medical treatment consisted of surgery, physical therapy, and medication therapy. Medications include benzodiazepines, methadone, barbiturates, OxyContin, hydrocodone, propoxyphene, opiates and buprenorphine. An x-ray examination revealed a T6 to S1 fusion. 5 views of the cervical spine included AP, lateral, and flexion/extension films that demonstrated an anterior cervical fusion at C4-5 with broken screws at C4 and an incomplete fusion. The injured worker underwent a cervical discectomy and fusion from C4 to C5 and anterior posterior thoracolumbar fusion. On 06/06/2014 the injured worker complained of neck and lower back pain. Physical examination revealed that the injured worker had a 6/10 pain rating with medication, and 10/10 without. Cervical spine was limited to range of motion. The injured worker had paracervical muscle spasm and tenderness. Thoracic/lumbar spine had paravertebral muscle spasm and tenderness throughout the thoracic and lumbar region as well. The injured worker had global weakness in upper and lower extremities. The treatment plan is for OxyContin 40 mg. The rationale behind the request is that the injured worker has had multiple surgeries throughout his lumbar spine, and has developed chronic back pain. The Request for Authorization form was not submitted for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Oxycontin 40mg #100 controlled release tablets (DOS 6/6/14):

Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid, OxyContin, page 75, ongoing management, page 78 Page(s): 75; 78.

Decision rationale: The request for Retrospective request for OxyContin 40mg #100 controlled release tablets (DOS 6/6/14) was not medically necessary. The California Medical Treatment Utilization Schedule MTUS Guidelines state there is to be ongoing review and documentation of pain relief, functional status, and appropriate medication use with side effects included. Pain assessment should include current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The report submitted did not show the above. There was no documentation rating the injured worker's pain before, during, and after the OxyContin. There was also no mention of side effects or how long the medication worked for. There was no mention as to how long the injured worker had been on the OxyContin. The MTUS Guidelines also state that there is to be the use of drug screening or inpatient treatment with issues of abuse, addiction, or poor pain management. There was no submitted documentation on drug screening or urinalysis on the injured worker. As such, the injured worker is not within the MTUS Guidelines. Furthermore, the report as submitted did not indicate the duration or frequency of the medication. As such, the request for Retrospective request for OxyContin 40mg #100 controlled release tablets (DOS 6/6/14) was not medically necessary.