

Case Number:	CM14-0151678		
Date Assigned:	09/19/2014	Date of Injury:	03/07/2006
Decision Date:	12/12/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/17/2014

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 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 40 years old female who was injured on 03/07/2006. The mechanism of injury is unknown. The patient underwent fusion C2-C2 open reduction and internal fixation on 03/26/2014 and lumbar spine surgery on 01/31/2012. Prior medication history as of 06/27/2014 included Norco 10/325 mg, Lidoderm patches 5%, Topamax 50 mg, and OxyContin 30 mg (No VAS reported). There were no toxicology reports documented. Re-evaluation note dated 07/21/2014 states the patient presented for follow-up of her cervical and lumbosacral spine. She reported she was taking Norco which helps but causes stomach upset. She was attending physical therapy which also helped with increased range of motion. On examination, range of motion of the cervical spine revealed flexion is 10/50 degrees; extension is 15/60 degrees; right rotation is 15/80 degrees; left rotation is 15/80 degrees; right lateral flexion is 5/45 degrees; and left lateral flexion is 5/45 degrees. There is tenderness and spasm over the paracervical area and trapezius muscles bilaterally. The lumbar sp Physical Medicine and Rehabilitation ine revealed tenderness as well over the paravertebral muscle area with muscle guarding. Range of motion of the lumbar spine revealed flexion is 25/60 degrees; extension is 10/25 degrees; right lateral flexion is 10/25 degrees; and left lateral flexion is 10/25 degrees. Diagnostic impressions are cervical spine flare-up; lumbar spine flare-up; and cervical myelopathy with moderate stenosis at C3-C4 and C4-C5 with bilateral neuroforaminal narrowing at C5-C6. On 06/27/2014, the patient was seen with unchanged complaints. Her exam revealed decreased range of motion of the cervical spine with flexion at 30 degrees bilaterally; extension at 40 degrees bilaterally; lateral flexion at 20 degrees on the right and 15 degrees on the left. She was reported a pain score of 8/10. Prior utilization review dated 08/14/2014 states the request for OxyContin 30mg three times a day; total of 90 tablets for a 30-day period is modified to certify Oxycontin 30 mg twice a day #60 for a 30 day period.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg three times a day, total of 90 tablets for a 30-day period: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-97.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-94.

Decision rationale: In review of this case, it appears that the patient has received hydrocodone (Norco), oxycodone, and OxyContin. On May 30, the patient was prescribed OxyContin 30mg 3 times daily, #90, and hydrocodone 10/325 #120. On June 27, a urine drug screen identified hydrocodone (it is not clear if any metabolites- hydromorphone or nor-hydrocodone was identified) and no Oxycodone. The explanation offered in the medical record was that she was taking Oxycodone prn. OxyContin is a long acting opioid and not meant to be used as a prn analgesic. Based on this data, the prescription of OxyContin is not medically necessary as well as based on the clinical documentation in the records provided for review and the MTUS guidelines that state that 1) dosage (as noted in the initial denial, the patient is being prescribed above 120mg morphine equivalents), 2) monitoring using the 4 A's (specifically, aberrant drug taking), and 3) the need for appropriate monitoring and compliance.