

Case Number:	CM14-0153828		
Date Assigned:	09/23/2014	Date of Injury:	03/20/1998
Decision Date:	11/24/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	09/19/2014

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 Pain Management 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 56 year old female with a date of injury on 3/20/1998. As per the report dated 7/21/14, she complained of neck and hip pain rated at 8/10. She reported burning and shooting pain in the hands. An exam revealed decreased sensation to light touch with tingling into the hands, normal strength testing, and tenderness to palpation noted over the cervical paraspinal musculature, upper trapezius muscles, and scapular border. Tinel's test was positive in the bilateral wrists and elbows. Right hip x-ray revealed questionable calcification at the right greater trochanter; there was no evidence of degenerative joint disease. Lab reports revealed low estimated Glomerular Filtration Rate (EGFR). As per the report of 6/11/14, a computed tomography (CT) scan of the C-spine was reviewed; the images were suboptimal in quality but one can square the cervical fusion in both the coronal and sagittal reconstructions across both fused levels. There was no loss of fixation. The injured worker had reconstructive: surgery several years ago. Current medications include nortriptyline, Percocet, Soma, OxyContin ER, Ambien CR, Floranex, Lidoderm Patch, Arnicare gel, Ranitidine, Tizanidine, Zofran ODT, and glucosamine. Previous treatments included medications with pain relief. She had not had physical therapy. A urine drug screen (UDS) dated 6/23/14 was positive for Nortriptyline, Butalbital, Hydrocodone, Hydromorphone, Dihydrocodeine, Oxycodone, Norhydrocodone, Noroxycodone, Oxymorphone, Zolpidem, Carboxyzolpidem, and Acetaminophen. Diagnoses include cervicalgia, cervical radiculopathy, status post cervical fusion, left shoulder glenohumeral ligament laxity, carpal tunnel syndrome/ulnar neuropathy, anxiety, depression, insomnia, improved with Ambien, chronic kidney disease, diabetes mellitus, hypothyroidism, diabetes mellitus type II and thyroid disease. The request for OxyContin ER 20mg q 12 hrs #60 one refill to allow for weaning to discontinue was modified on 08/13/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin ER 20mg q 12 hrs #60 one refill to allow for weaning to discontinue: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91-92.

Decision rationale: Per the California Medical Treatment Utilization Schedule (MTUS) guidelines, OxyContin is a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain injured workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level (i.e. visual analog scale [VAS]) or function with continuous use to demonstrate the efficacy of this medication. Furthermore, the urine drug test has revealed hydrocodone and hydromorphone in addition to Percocet that the injured worker is taking. Concurrent use of multiple opioids is not recommended due to risk of overdose. The medical documents do not support continuation of current opioid pain management and thus the request for Oxycontin is not medically necessary.