

Case Number:	CM14-0185807		
Date Assigned:	11/13/2014	Date of Injury:	03/04/2003
Decision Date:	12/22/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/07/2014

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 Orthopedic Spine Surgeon and is licensed to practice in Texas. 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 54-year-old male who reported an injury on 03/04/2000 due to unspecified mechanism of injury. The diagnosis included adjacent segment degeneration above the C5-7 fusion, C4-5 stenosis, left C6 radiculopathy, and C5-6 and C6-7 stenosis. Past surgeries included an ACDF at the C4-5 and posterior foraminotomies at the C5-6 and C6-7 on the left dated 11/20/2013 and anterior cervical discectomy and fusion at the C5-6 and C6-7 dated 06/28/2010. Diagnostics included MRI of the cervical spine dated 09/11/2014 that revealed anterior cervical discectomy and fusion at the L4-5 with similar appearance of the previous surgical change at the C5-6 and C6-7. Persistent degenerative bulging disc and spondylosis at the C4-5 result in mild central spinal stenosis and mild to moderate bilateral neural foraminal narrowing. Medications included Loricet, Prilosec, Amitiza, Zanaflex, hydrocodone, and OxyContin. The patient rated his pain 9/10 using the VAS. Physical examination of the cervical spine and upper extremities revealed postoperative scars over the right anterior neck; tenderness to palpation over the left trapezius and left back of the neck; decreased sensation over the right C6, C7, C8, and T1 dermatome distributions; range of motion with flexion at 50 degrees and extension at 60 degrees and a negative Spurling's. The prior treatments included physical therapy. The treatment plan included a medial branch block at C4-5, OxyContin, and oxycodone. The Request for Authorization dated 10/13/2014 was submitted within the documentation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Bilateral Medial Branch Blocks C4-5: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 173. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back, Facet Joint Diagnostic Block.

Decision rationale: The California MTUS/ACOEM Guidelines state invasive techniques have no proven benefit for treating acute neck and upper back symptoms. The Official Disability Guidelines further state that diagnostic blocks are performed with anticipation that if successful, treatment may proceed to facet neurectomy at the diagnosed levels. The criteria for use of a diagnostic block is limited to injured workers with cervical pain that is non-radicular, no more than 2 joint levels are injected in 1 session, and failure of conservative treatment to include home exercise, PT, and NSAIDs prior to the procedure for at least 4 to 6 weeks. The clinical notes indicate that the injured worker complained of ongoing neck pain radiating to the left shoulder and numbness down to the arm to the hands. The injured worker also had a diagnosis of left C6 radiculopathy. Guidelines also indicate a medial branch block should not be performed in injured workers who have had previous fusion procedures at the planned injection level. The injured worker is documented to have a C4-5 anterior fusion. As such, the request for Bilateral Medial Branch Blocks C4-5 are not medically necessary.

1 Prescription for Oxycontin 40mg BID: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

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

Decision rationale: The California MTUS indicates that there should be documentation of objective functional improvement, an objective decrease in pain, pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes dated 11/10/2014 indicated that the injured worker rated his pain 9/10 and starting the OxyContin. The clinical notes dated 02/25/2014 indicated that the patient rated his pain at 4/10 and prior to being prescribed the OxyContin. Indicating that the OxyContin has had no efficacy on the injured worker. Additionally, the clinical notes indicate that the OxyContin is 30 mg with no frequency. The request is indicated for oxycodone 40 mg twice a day. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day including all narcotics. The injured worker is taking oxycodone and OxyContin for a total of 210 mg per day which exceeds the equivalent daily dosage. The "4 As" should be addressed which are the average pain, intensity of the pain, how long the pain has lasted, and evidence of the pain being monitored for aberrant drug behavior and side effects. The injured worker's injury was in 2003 and the aberrant drug behavior and side effects should be

documented. Additionally, the request did not address the duration of the medication. As such, the request for OxyContin 40 mg BID is not medically necessary.

1 Prescription for Oxycodone at one tab Q 4 hours: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids..

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

Decision rationale: The California MTUS indicates that there should be documentation of objective functional improvement, an objective decrease in pain, pain assessment of current pain, least reported pain from the prior assessment, average pain, and intensity of pain, how long the pain lasts and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day. The clinical notes dated 02/25/2014 indicated that the injured worker rated his pain 4/10 using the VAS. The clinical notes dated 11/02/2014 stated that the patient rated his pain 9/10 using the VAS, indicating that the Oxycodone has had no efficacy on the injured worker. Additionally, the request is indicated for oxycodone 40 mg twice a day and Oxycodone 10 mg every 4 hrs. The cumulative dosing of all opioids should not exceed 120 mg oral morphine equivalent per day including all narcotics. The injured worker is taking oxycodone and OxyContin for a total of 210 mg per day which exceeds the equivalent daily dosage. The "4 As" should be addressed which are the average pain, intensity of the pain, how long the pain has lasted, and evidence of the pain being monitored for aberrant drug behavior and side effects. The injured worker's injury was in 2003 and the aberrant drug behavior and side effects should be documented. The request did not address the duration. As such, the request for 1 prescription of Oxycodone 1 tablet Q 4 hour is not medically necessary.