

Case Number:	CM14-0024743		
Date Assigned:	06/16/2014	Date of Injury:	07/22/2002
Decision Date:	07/16/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/26/2014

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 & Rehabilitation 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 patient is a 42 year old female who was injured on 07/22/2002 as she was performing her customary duties, a box of furniture weighing 30 to 50 lbs fell on her head and upper back. Prior medication history included as of 01/14/2013 Opana ER 40 mg twice a day, Roxicodone 30 mg, Keppra 50 mg 3 times a day, Wellbutrin XR 300 mg once a day, Zanaflex 4 mg, and MiraLax powder and docusate. Prior treatment history has included physical therapy. The patient underwent a C5-C7 decompression with spinal fusion of unknown date. A Progress report dated 01/27/2014 indicates the patient complained of neck pain which he rated as 6-7/10 and is frequent radiating to bilateral upper extremities. She reported numbness and tingling in bilateral forearms and hands. Objective findings on exam revealed small muscle spasm and bilateral cervical paraspinals. Range of motion is limited in flexion to 40%; extension and lateral bending to 25% and lateral rotation to 50% of normal. She had localized tenderness at semispanalis crepitus, splenius capitis, levator scapulae and upper trapezius muscles. Neurological examination of bilateral upper and lower extremities revealed strength to be 5/5. Deep tendon reflexes are 2+. Impressions are chronic cervical pain, status post C5 through C7 decompression and spinal fusion has residual radiculopathy and severe cervicogenic headaches. The patient was noted to be compliant with her medication and working towards weaning down. She used to be on Opana ER up to 3 times a day and has now cut down to Opana ER 40 mg twice a day. She is taking Keppra 500 mg 3 times a day to relieve neuropathic pain. The patient's UTS from 09/26/2013 was consistent with the patient's pain medications. A prior utilization review dated 02/11/2014 states the requests for oxymorphone tablets 40 mg ER #60 with 0 refills and oxycodone tablets 30 mg #90 were denied as there is a lack of documented functional improvement.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYMORPHONE TAB 40 MG ER #60, ZERO REFILLS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Oxymorphone is a long-acting opioid which is a highly potent form of opiate analgesic that stabilizes medication levels. The medical records document the patient was diagnosed with chronic cervical pain status post C5 through C7 decompression and spinal fusion with radiculopathy, and sever cervicogenic headache. The patient had been on Opana ER 40 mg twice a day since 7/11/2013. In the absence of documented significant improvement of pain control and function, the request is not medically necessary according to the guidelines.

OXYCODONE TAB 30 MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: According to the CA MTUS guidelines, Oxycodone is Short-acting opioid which recommended for intermittent or breakthrough pain. The medical records document the patient was diagnosed with chronic cervical pain status post C5 through C7 decompression and spinal fusion with radiculopathy, and sever cervicogenic headache. The patient had been on Opana ER 40 mg twice a day since 7/11/2013. In the absence of documented significant improvement of pain control and function, and as this medication is not indicated for long-term use, the request is not medically necessary according to the guidelines. Gradual weaning is recommended for long-term opioid users because opioids cannot be abruptly discontinued without probable risk of withdrawal symptoms.