

Case Number:	CM14-0026132		
Date Assigned:	06/13/2014	Date of Injury:	11/19/1996
Decision Date:	08/14/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/28/2014

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 Texas and Ohio. 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 46-year-old female who reported an injury 11/19/1996. The mechanism of injury was not provided within the medical records. The clinical note dated 01/10/2014 indicated diagnoses of cervical musculoligamentous strain, cervical disc disease, cervical radiculopathy, lumbar musculoligamentous strain, lumbar disc disease, lumbar radiculopathy, and lumbar facet arthropathy. The injured worker reported cervical spine and lumbar spine pain rated 10/10. The injured worker described her pain as aching and burning in her neck that radiated to the left shoulder and down to the arm with numbness and tingling sensation to both hands. The injured worker described her pain to the back as dull, aching, and burning and that radiated to the bilateral legs with numbness and tingling sensation. The injured worker reported she was taking her medications regularly and tolerated them well. The injured worker reported that her medications were helping her with pain. On physical examination, the injured worker had an antalgic gait on the left. On physical examination of the cervical spine, there was decreased normal lordosis with moderate tenderness and spasm noted over the cervical paraspinal muscles in the left lateral. The injured worker had a positive axial head compression and a positive Spurling's sign. The injured worker's range of motion for the cervical spine revealed flexion of right and left 20 degrees, extension of right and left 50 degrees, lateral flexion to the right 20 degrees, lateral flexion to the left 25 degrees, lateral rotation to the right 65 degrees, and lateral rotation to the left 60 degrees. The injured worker had decreased sensation at the C6 and C7 dermatomes on the left. The injured worker's elbow flexors to the left revealed 4/5. The injured worker's prior treatments included diagnostic imaging and medication management. The provider submitted a request for Percocet and OxyContin. A Request for Authorization was not submitted for review to include the date the treatment was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120 by mouth every 6 hours: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The request for Percocet 10/325mg #120 by mouth every 6 hours is not medically necessary. The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the ongoing management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's functional status and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker reported her pain level 10/10. There is a lack of functional improvement or efficacy with the use of this medication. More over, the injured worker has been utilizing Percocet since at least 07/10/2013. Percocet is for short term use. This exceeds the guidelines' regulations on short term use. Furthermore, there was a lack of pain relief with the use of this medication. Therefore, the request for Percocet is not medically necessary.

Oxycontin 30mg #90 by mouth 3 times a day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, On-going Management Page(s): 78.

Decision rationale: The Chronic Pain Medical Treatment Guidelines recommend the use of opioids for the on-going management of chronic low back pain. The ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of significant evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risk for aberrant drug use behaviors and side effects. In addition, the injured worker continued to have pain 10/10, indicating lack of functional improvement with the use of the OxyContin. More over, the guidelines state that dosing should not exceed 120 mg of oral morphine equivalents per day. The injured worker's morphine equivalent per day for the OxyContin exceeds the guidelines' recommendation of 120. The injured worker's morphine equivalent for OxyContin is at 135. Therefore, the request for OxyContin is not medically necessary.

