

Case Number:	CM14-0032479		
Date Assigned:	06/11/2014	Date of Injury:	08/25/2009
Decision Date:	07/14/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 Illinois. 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 42-year-old female who reported an injury on 08/25/2009. The mechanism of injury was not provided for review. The clinical note dated 12/17/2013 noted the injured worker presented with bilateral neck pain. Previous treatment included medications and surgery. Upon examination, there was tenderness upon palpation of the cervical paraspinal muscles overlying the bilateral C2 to C7 facet joints. Cervical range of motion was restricted by pain in all directions with cervical extension worse than cervical flexion. Cervical facet joint provocative maneuvers were positive, nerve root tension signs were negative bilaterally, muscle stretch reflexes are +1 and symmetrical bilaterally in all limbs. Muscle strength was a 5/5 in all limbs. The diagnoses were status post fluoroscopically guided right C2 to C3 and C3 to C4 radiofrequency nerve root ablation, status post positive for laparoscopically guided diagnostic right C2 to C3 and right C3 to C4 facet joint medial branch block, bilateral lower cervical facet joint pain in C4 to C5 and C6 to C7, bilateral upper cervical facet joint pain at C2 to C3 and C3 to C4, cervical facet joint arthropathy, anterior cervical discectomy and fusion at C5 through C6 and cervical sprain/strain. The provider recommended OxyContin 30 mg with 90 tablets and no refills. The provider's rationale was not included in the request. The request for authorization form was dated 12/13/2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN TABLET 30MG #90 WITH NO REFILLS: 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 Page(s): 78.

Decision rationale: The request for OxyContin tablet 30 mg #90 with no refills is non-certified. The California MTUS Guidelines recommend the use of opioids for ongoing management of chronic low back pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. The injured worker has been prescribed OxyContin since at least 10/2013. The efficacy of the medication is not documented. The providers request did not indicate the frequency of the medication. As such, the request is non-certified.