

Case Number:	CM14-0033757		
Date Assigned:	06/20/2014	Date of Injury:	01/27/2007
Decision Date:	07/23/2014	UR Denial Date:	03/06/2014
Priority:	Standard	Application Received:	03/18/2014

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 Occupational Medicine 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 58-year-old male who had a history of work related injuries as a result of multiple mental health patient attacks. Date of injury was 01/27/07. Per the records, the injured worker sustained injuries to the neck, right shoulder, and lumbar spine. Treatment included oral medications, chiropractic, physical therapy, cervical epidural steroid injections, and cervical facet ablation. The injured worker is status post right shoulder surgery. MRI of the cervical spine dated 05/21/13 indicated moderate to severe cervical spondylosis at all levels with multilevel disc protrusions. Electrodiagnostic study (EMG/NCV) dated 12/05/14 indicated chronic left C7 radiculopathy. The most recent cervical epidural steroid injection on 01/22/14 resulted in 50% relief. The injured worker continues to work as a psych tech in a clinic. The CURES and urine drug screens were appropriate per the clinical records. The visual analogue scale (VAS) scores were 7/10 without medications and 3/10 with a prescription change to Oxycodone 15mg and OxyContin 20mg. Utilization review determination dated 03/06/14 non-certified requests for urine drug screen, Oxycodone 15mg, and OxyContin 20mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15 mg tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioidis Page(s): 26,47-49,78-82,86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The serial clinical records clearly indicate that the claimant has substantive pathology both in the cervical spine and lumbar spine with objective evidence of chronic left C7 radiculopathy. The claimant is further noted to be status post right shoulder surgery with residual pain and limitations. The records indicate that the claimant is compliant with his treatment plan. CURES and urine drug screens are appropriate. The records indicate that the injured worker has substantive pain relief with these medications as his typical VAS score on meds was 4/10 with transition to these medications he was noted to be 3/10. Further, the injured worker continues to be fully employed clearly establishing functional improvements with this medication. As such, the request for Oxycodone 15 mg tablets is medically necessary and appropriate.

Oxycontin 20 mg tablets: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 26,47-49,78-82,86-87.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-80.

Decision rationale: The clinical records indicate that the claimant has substantive pathology both in the cervical spine and lumbar spine with objective evidence of chronic left C7 radiculopathy. The claimant is further noted to be status post right shoulder surgery with residual pain and limitations. The records indicate that the claimant is compliant with his treatment plan. CURES and urine drug screens are appropriate. The records indicate that the injured worker has substantive pain relief with these medications as his typical visual analogue scale (VAS) score on meds was 4/10 with transition to these medications he was noted to be 3/10. Furthermore, the injured worker continues to be fully employed clearly establishing functional improvements with this medication. As such, the request for Oxycontin 20 mg tablets is medically necessary and appropriate.