

Case Number:	CM14-0038883		
Date Assigned:	06/27/2014	Date of Injury:	10/05/2000
Decision Date:	07/28/2014	UR Denial Date:	03/20/2014
Priority:	Standard	Application Received:	04/02/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

According to the records made available for review, this is a 62-year-old male with a 10/5/00 date of injury, and status post cervical discectomy and fusion C5-6 4/93, status post decompression C4-C7 11/19/02, status post left thoracic outlet syndrome surgery 7/27/05 and 7/13/06, status post decompression and fusion C3-T2 6/6/11, status post decompression 2/24/13. At the time (3/20/14) of request for authorization for Oxycontin 80 mg #150 and Oxycodone 15 mg #60, there is documentation of subjective findings of cervical radiculopathy. The current diagnosis is cervical radiculopathy. The treatment to date includes trigger point injections, activity modification and medications including Oxycontin and Oxycodone since at least 1/13. There is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycontin and Oxycodone use to date.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 80mg #150: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of Oxycontin use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycontin 80 mg #150 is not medically necessary.

Oxycodone 15mg #60: Upheld

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

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

Decision rationale: California MTUS Chronic Pain Medical Treatment Guidelines necessitate documentation that the prescriptions are from a single practitioner and are taken as directed; the lowest possible dose is being prescribed; and there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, as criteria necessary to support the medical necessity of opioids. California MTUS-Definitions identifies that any treatment intervention should not be continued in the absence of functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services. Within the medical information available for review, there is documentation of diagnosis of cervical radiculopathy. However, there is no documentation that the prescriptions are from a single practitioner and are taken as directed; that the lowest possible dose is being prescribed; that there will be ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects, and functional benefit or improvement as a reduction in work restrictions; an increase in activity tolerance; and/or a reduction in the use of medications or medical services as a result of

Oxycodone use to date. Therefore, based on guidelines and a review of the evidence, the request for Oxycodone 15 mg #60 is not medically necessary.