

Case Number:	CM14-0040535		
Date Assigned:	06/20/2014	Date of Injury:	11/04/2009
Decision Date:	07/18/2014	UR Denial Date:	02/28/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine and is licensed to practice in California and Nevada. 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 50-year-old male injured on 11/04/09 when he stumbled and fell striking his forehead and right shoulder on a trap crane resulting in injuries to his neck, back, right shoulder, right upper extremity, and bilateral lower extremities. The injured worker also sustained head injury and dental trauma. Diagnoses included unspecified spinal cord injury and post-cervical laminectomy syndrome. Surgical interventions included cervical laminoplasty C2-6, hemilaminectomy C2 and C6, and foraminotomy C4-5 and C5-6 for cervical stenosis with myelopathy dated 01/11/10. Appeal letter dated 06/04/14 indicated the injured worker complained of chronic neck pain and poor sleep patterns due to chronic pain. The letter indicates the injured worker takes current medication regimen as prescribed with no signs of developing medication dependency. The injured worker rated his pain 6-7/10 on average. On physical examination the injured worker was noted to have had antalgic gait, spastic and obvious clonus and Babinski. Examination revealed cervical range of motion was restricted, thoracic spine had spasm and tenderness over paravertebral muscles bilaterally, motor testing was limited due to pain, Hoffman sign positive bilaterally, and injured worker was hyperreflexive with bilateral Hoffman and Babinski. The letter also reported current medication regimen, including both oxycodone and OxyContin, has stabilized pain levels and pain was more tolerable enabling him to complete activities of daily living, take care of himself, sit for 30 to 45 minutes, and stand and walk for 25 minutes. Current medication regimen included oxycontin 40mg three times daily, Cialis 5mg once daily, Flomax 0.4mg once, oxycodone 15mg three times daily, and fludrocortisone 0.1mg one to two tablets once daily. The initial request for oxycontin 40mg ER three times daily #90 was non-certified on 02/28/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg ER TID #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines CRITERIA FOR USE OF OPIOIDS Page(s): 77.

Decision rationale: As noted in the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is sufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. In addition, opioid risk assessments regarding possible dependence or diversion were also discussed. As the clinical documentation provided for review supports an appropriate evaluation for the continued use of narcotics as well as establishes the efficacy of narcotics, Oxycontin 40mg ER three times daily #90 is recommended as medically necessary at this time.