

Case Number:	CM14-0045356		
Date Assigned:	06/27/2014	Date of Injury:	01/04/2005
Decision Date:	08/25/2014	UR Denial Date:	03/25/2014
Priority:	Standard	Application Received:	04/01/2014

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 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:

The injured worker is a 45-year-old-female suffered an industrial injury on January 4, 2005. She was doing her usual activities of preparing rooms for clients when she slipped while performing these activities and felt a popping sensation in her left knee and fell on her right side. She has been complaining of pain in the neck, back and bilateral knee. Her other problems are anxiety, depressive disorder, old medial collateral ligament disruption, foot joint pain, and degeneration of cervical and lumbar disc. On 01/16/06, evaluation by [REDACTED] indicated that the patient has improved after 8 initial visits of physical therapy with no further treatments due to lack of insurance authorization. On 05/09/05, MRI of cervical spine indicated a right C5-6 disc protrusion with flattening of the cervical spinal cord. On 6/12/05, she received right C5 and C6 transforaminal epidural corticosteroid injections. Neck improved after injections with essentially full range of motion. On 08/08/05, Patient continued having neck pain, and another cervical epidural injection was recommended. Medications include: Oxycontin 20mg, Rozerem, Percocet, Ranitidine and Zanaflex. On exam, she has tenderness at the cervical spine, diffuse myofascial tenderness, antalgic gait using a cane. Diagnoses include cervical degenerative disc disease, post laminectomy syndrome and rotator cuff dis and enthesopathy of the hip region. Prior utilization review of request for OxyContin was previously modified to 20mg, #60 and request for Orthopedic Surgical consult for cervical spine was denied.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As per CA MTUS guidelines, four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the 4 A's (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). Also, guidelines recommend urine drug screening to monitor prescribed substance and issues of abuse, addiction or poor pain control. The guidelines state continuation of opioids is recommended if the patient has returned to work and if the patient has improved functioning and pain. The medical records do not demonstrate either return to work or improvement in function and pain with opioid use. There is no documentation of a recent urine drug screening. Ongoing opioid usage, in the absence of clinically significant improvement is not supported. Thus, the request is not medically necessary.

Orthopedic surgical consult for the cervical spine: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 179.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: There is no mention of any reason for the requested referral. There is no indication that the injured worker is a candidate for surgery. There is no documentation of any new or progressive neurological deficits requiring surgical intervention. There is no diagnostic evidence of nerve root impingement or cord compression. There is no history of any new injuries. Therefore, the request is considered not medically necessary based on the available clinical information.