

Case Number:	CM14-0056476		
Date Assigned:	07/09/2014	Date of Injury:	09/18/2002
Decision Date:	09/22/2014	UR Denial Date:	04/17/2014
Priority:	Standard	Application Received:	04/26/2014

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 Physical Medicine and Rehabilitation, has a subspecialty in Interventional Spine, 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 patient is a 53 year-old female with the date of injury of 09/18/2002. The patient presents with pain in her neck. Her neck pain radiates down the upper extremities and arms, right side worse than left. Her neck pain also radiates up to her head and causes headaches. She presents limited range of neck motion and tenderness over paraspinal muscle. The patient is currently taking MS contin, Roxicodone, Valium, Prilosec, Anaprox and Migrainal nasal spray. According to Dr. [REDACTED] report on 03/26/2014, diagnostic impressions are: status post C5-6 and C6-7 anterior cervical discectomy and fusion, 03/23/2005 with partial bony fusion at C6-7; Mild cervical dystonia; Cervicogenic headaches with migraine component; Bell's palsy-industrial related; Right sciatica, industrial related; Reactionary depression/ anxiety; C6-7 pseudoarthrosis, status repair, 08/09/2006; medication-induced gastritis; Opiate detoxification, 05/29/2012; and cervical spine cord stimulator trial - December 2012- unsuccessful. The Utilization Review determination being challenged is dated on 04/17/2014. Dr. [REDACTED] is the requesting provider, and he provided treatment reports on 09/10/2013 to 03/26/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 30mg 6-8 tabs/day #240: Upheld

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): 88, 89.

Decision rationale: The patient presents chronic and severe pain in her neck. The patient is status post cervical discectomy and fusion on 03/23/2005 and C6-7 pseudoarthrosis repair on 08/09/2006. The request is for Roxycodone 30mg, 6-8 tabs/day #240. MTUS guidelines pages 88 and 89 state, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking Roxycodone or how Roxycodone has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore this request is not medically necessary.

MS Contin 30mg BID #60: Upheld

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): 88, 89.

Decision rationale: The patient presents with persistent pain in her neck. The patient is status post cervical discectomy and fusion on 03/23/2005 and C6-7 pseudoarthrosis repair on 08/09/2006. The request is for MS Contin 30mg BID #60. For chronic opiate use, MTUS guidelines pages 88 and 89 require functioning documentation using a numerical scale or validated instrument at least once every six month, and page 78 requires documentation of the 4A's (analgesia, ADLs, adverse side effects, adverse behavior). Furthermore, under outcome measure, it also recommends documentation of chronic pain, average pain, least pain, the time it takes for medication to work, duration of pain relief with medication, etc. There are no reports that specifically discuss this request. There is no indication of exactly when the patient began taking MS Contin or how MS Contin has been helpful in terms of decreased pain or functional improvement. Given the lack of sufficient documentation demonstrating efficacy for chronic opiate use, the patient should slowly be weaned as outlined in MTUS guidelines. Therefore this request is not medically necessary.