

Case Number:	CM14-0062627		
Date Assigned:	07/11/2014	Date of Injury:	04/15/2013
Decision Date:	08/13/2014	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	05/05/2014

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 Orthopedic Surgery and is licensed to practice in New York . 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:

Patient is a 54-year-old male status post C5-7 fusion. Patient has chronic neck pain. Physical examination reveals positive Spurling sign and facet tenderness. There is weakness in the elbow flexors and extensors. There are reduced reflexes in the biceps brachioradialis and triceps. Sensation is diminished in C5-C6 and C7.MRI the cervical spine from December 2013 reveals anterior fusion between C4 and C7 levels. There is foraminal stenosis at C5-C6 C6-7.Patient continues to have chronic neck pain.Patient is diagnosed with cervical disc degeneration cervical radiculopathy and cervical facet arthropathy, status post fusion.Treatment to date include physical therapy, chiropractic, medications, rest, home exercises and activity modification.At issue is whether continue narcotic use is medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81.

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

Decision rationale: Guidelines do not recommend chronic narcotic usage in the long-term for patients with chronic pain. The medical records do not document that this patient is involved in

a functional restoration program. The medical records do not document that the patient has had significant functional proven with previous narcotic usage. There is no documentation of the amount of reduction of pain achieved with previous narcotic usage. Guidelines do not recommend long-term narcotic usage for chronic degenerative neck pain. Criteria for additional narcotic is not met.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79-80.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical Evidence: MTUS chronic pain treatment guidelinesb)After a professional and thorough review of the documents, my analysis is that the above listed issue.

Decision rationale: Guidelines do not recommend chronic narcotic usage in the long-term for patients with chronic pain. The medical records do not document that this patient is involved in a functional restoration program. The medical records do not document that the patient has had significant functional proven with previous narcotic usage. There is no documentation of the amount of reduction of pain achieved with previous narcotic usage. Guidelines do not recommend long-term narcotic usage for chronic degenerative neck pain. Criteria for additional narcotic is not met.