

Case Number:	CM14-0081702		
Date Assigned:	07/18/2014	Date of Injury:	08/25/2009
Decision Date:	09/16/2014	UR Denial Date:	05/20/2014
Priority:	Standard	Application Received:	06/02/2014

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 Occupational 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:

This is 43-year-old female with a date of injury of 8/25/09. The mechanism of injury was not noted. A medical review on 4/28/14 noted the patient had cervical fusion in 2011. The patient was on Oxycontin 30mg three times a day in 1/2014 but has been on Oxycontin 20mg three times daily since then. She was and is on Norco but the doctor writes that Percocet is helping. On 3/16/14, it was noted she failed Percocet. The doctor writes that the medications help 50-90% but still the patient is seeing a neurosurgeon who is suggesting C4-6 fusion. On 4/17/14, she complains of bilateral neck pain. She said she paid out of pocket for Percocet, which was okay to fill on 3/27/14. She would like to proceed with surgery, but will be out of town from 3/23/14 - 4/27/14. The current medication list includes: Mobic, Skelaxin, Oxycontin, Lyrica, Prilosec, and Norco, (no mention of Percocet). On exam there are positive cervical spasms. There is tenderness upon palpation of the cervical paraspinal muscles over the bilateral C2 - C7 facet joints. Cervical range of motion was restricted. The diagnostic impression is bilateral upper and lower cervical facet joint pain, cervical sprain/strain, and cervical discectomy and fusion at C5-C6. Treatment to date is surgery and medication management. A UR decision dated 5/20/14 denied the request for Oxycontin 20mg. additionally, opioids are not generally supported for long-term use and it is unclear if the patient's pain coping skills have ever been addressed for this very chronic injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin (Oxycodone Hydrochloride Controlled Release) tab 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIATES
Page(s): 78-81.

Decision rationale: The California MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. However, there is no documentation of functional improvement or continued analgesia with the use of opiates. On 4/17/14, the progress notes stated that the patient paid out of pocket for her Percocet, but current medications list Norco and Oxycontin 20mg, not Percocet. The provider stated that the Percocet provided 90% improvement of the patient's pain. It was noted on 3/16/14 that patient failed Percocet, and continues with Norco. It was also noted that the neurosurgeon is suggesting C4-C6 fusion. It is unclear if the patient has functional improvement and continued analgesia with the current pain medications and what the exact current pain medication regimen is. In addition, the request was for an unspecified quantity. Therefore, the request for Oxycontin (Oxycodone Hydrochloride Controlled Release tab) 20mg was not medically necessary.