

Case Number:	CM14-0083131		
Date Assigned:	07/21/2014	Date of Injury:	01/22/2002
Decision Date:	09/12/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/04/2014

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 Emergency 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:

Patient with reported date of injury 1/22/2002. Mechanism of injury is described as a lifting incident. Patient has a diagnosis of cervical spondylosis, L knee torn meniscus, R knee torn meniscus and chronic pain syndrome. Patient is post C5-6, C6-7 anterior cervical fusion(7/08), Removal of hardware C4-C6 with repair of pseudoarthrosis(1/10), posterior cervical fusion of C5-C7(4/11), permanent implantation SCS(9/12) and C5-7 pedicle screw block. Also had bilateral wrist carpal tunnel release, Medical records reviewed. Last report available until 5/7/14. Patient has continued severe neck pains associated with headaches radiating to both arms. Pain is 7-8/10. Objective exam reveals "palpable" trigger points with focal tenderness along entire posterior cervical musculature, upper trapezius and medial scapular regions. Decreased range of motion. Noted hyperaesthesia in L upper extremity with weakness. Patient had reported prior Trigger Point Injections in the past that provided 50% relief lasting 2weeks. CT Cervical Spine (6/13) revealed post-surgical changes from C4-5 though C6-7 with fusion changes. Multiple level degenerative changes. Multilevel foraminal stenosis. Medications include Norco, Oxycontin, Neurontin, Ambien, Protonix, Labetolol, Benazepril, Cymbalta and Fiorinal. Independent Medical Review is for Oxycontin 40mg #90 and Trigger Point Injection x4(Retrospective for 5/7/2014). Prior UR on 6/3/14 for trigger point injection and modification of Oxycontin to #60tablets was deemed not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78.

Decision rationale: Oxycontin is an opioid. MTUS guidelines require appropriate objective documentation of analgesia, activity of daily living, adverse events and aberrant behavior in chronic use of opioids. There is no provided objective documentation of improvement in pain or activity of daily living. Combination of all of opioids(Norco and Oxycontin) that patient is on, patient takes up to 240mg MDE of opioids which has exceeded the recommended safe level of 120mg Morphine Dose Equivalent level. Documentation does not support the continued ongoing management and use of Oxycontin. Patient is also taking excessive amounts of opioids beyond recommended safety level without documentation of appropriate plan. Use of Oxycontin is not medically necessary.

Retrospective Trigger point injections #4: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 122.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Trigger Point Injections Page(s): 122.

Decision rationale: Trigger Point Injections may be recommended only for myofascial pain syndrome if patient meets criteria as set by MTUS Chronic pain guidelines. However, the documentation reports that patient fails to meet repeat Trigger Point Injections. Pt's has reported 50% improvement in pain after injection, however this does not last for the required 6weeks after injection and there is no documentation of actual functional improvement as defined by the MTUS. Patient does not have the appropriate diagnosis or criteria to recommended this treatment. Trigger Point Injections is not medically appropriate or necessary.