

Case Number:	CM14-0098548		
Date Assigned:	07/28/2014	Date of Injury:	08/27/2001
Decision Date:	09/09/2014	UR Denial Date:	06/03/2014
Priority:	Standard	Application Received:	06/26/2014

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 in Physical Medicine and Rehabilitation, Pain Medicine and is licensed to practice in Texas. 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 57 year old male who had a work related injury on 08/27/01. While working as a carpenter he was walking while bent at the waist level when he struck his head on a steel beam above him, causing him to fall backwards on to his back. He noted immediate neck pain and did not complete the work shift. The injured worker underwent physical therapy and traction therapy which increased his pain. The injured worker underwent a series of six cervical epidural steroid injections with no benefit. In 2003 he underwent a cervical laminectomy. He then underwent a course of post-operative physical therapy noting temporary benefit. On 01/11/05 he underwent a fusion from C2 to T C3 to T2 for instability caused by prior laminectomy. He had temporary benefit of up to nine months. Since then the injured worker underwent epidural steroid injections, physical therapies. And pain management. Most recent progress note submitted for review was dated 07/07/14 the injured worker complained of neck pain. Pain is rated 8/10 on pain scale, located at the back and neck. Current medications were Norco 10/325 one tablet six times per day. Imitrex 100mg Neurontin 600mg, Opana 10mg, oxycontin 30mg one tablet three times a day, Pamelor 50mg capsules, Topamax 25mg, valium 10mg. Physical examination cervical spine; guarded with movement, moved body not head and neck. Anterior scar. Cervical spine tenderness, bilateral paraspinous tenderness, and stiff bilateral occipital tenderness. Palpable twitch trigger point positive trigger points in muscles of the head and neck, specifically. By anterior flexion was 20 degrees. There was pain with neck flexion anteriorly. Extension of cervical spine was 10 degrees. There was pain with extension of cervical spine. Left lateral rotation was painful to 20 degrees. Right lateral rotation was painful to 20 degrees. Motor strength was grossly normal. Upper extremities sensation was intact except for numbness bilateral hands, lower extremities sensation intact except for diminished sensation over the left lateral thigh. Antalgic gait with a cane. Impression chronic neck pain and

back pain. Occipital neuralgia. Chronic daily headaches. Prior utilization review on 05/27/14 Norco 10/325 was non-certified. Oxycontin was partially certified to initiate weaning. There were two prior utilization reviews modified to initiate weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid's Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for OxyContin 30mg #90 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. According to the prior utilization review on 05/27/14 Oxycontin was partially certified for to initiate weaning. There were two prior utilization reviews modified to initiate weaning. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued due to withdrawal symptoms, and medications should only be changed by the prescribing physician.

Norco 10/325mg #42: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-80. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter, Opioids.

Decision rationale: The request for Norco 10/325mg #42 is not medically necessary. The clinical documentation submitted for review as well as current evidence based guidelines do not support the request. Current evidenced-based guidelines indicate patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is insufficient documentation regarding the functional benefits and functional improvement obtained with the continued use of narcotic medications. Prior utilization review on 05/27/14 non-certified Norco. Therefore medical necessity has not been established. However, these medications cannot be abruptly discontinued

due to withdrawal symptoms, and medications should only be changed by the prescribing physician.