

Case Number:	CM14-0007510		
Date Assigned:	02/10/2014	Date of Injury:	07/19/2011
Decision Date:	12/28/2015	UR Denial Date:	12/20/2013
Priority:	Standard	Application Received:	01/21/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New York
 Certification(s)/Specialty: Internal Medicine

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 55 year old woman sustained an industrial injury on 7-19-2011. Diagnoses include radiculitis, cervical disc degeneration, cervicobrachial syndrome, internal derangement of the knee, lumbosacral strain, and bursitis of the knee. Treatment has included oral medications including Zipsor, Gralise, Oxycontin (since at least 6-2013), Oxycodone (since at least 6-2013), Paroxetine, and Xanax. Physician notes dated 12-12-2013 show complaints of left shoulder, neck, and back pain rated 8 out of 10 with numbness, tingling, and weakness as well as difficulty sleeping due to pain, anxiety, and muscle spasms. The physical examination shows tenderness to palpation of the bilateral knees and trigger point to the lumbosacral region. Range of motion is "limited" in the back and the bilateral knees. No measurements are listed. Recommendations include cervical spine MRI, bilateral knee MRI, Oxycodone, Oxycontin, and follow up in four weeks. Utilization Review denied requests for right knee MRI, cervical spine MRI, Oxycodone, and Oxycontin on 12-23-2013.

IMR ISSUES, DECISIONS AND RATIONALES

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

MRI for the right knee: Upheld

Claims Administrator guideline: Decision based on MTUS Knee Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the knee.

Decision rationale: According to the ODG, indications for imaging of the knee include, acute trauma to the knee and non-traumatic knee pain. Soft-tissue injuries (meniscal, chondral surface injuries, and ligamentous disruption) are best evaluated by MRI. MRI scans are accurate to diagnose meniscus tears, but MRI is a poor predictor of whether or not the tear can be repaired. Studies showed that MRI studies are necessary if they are indicated by history and/or physical examination to assess for meniscal, ligamentous, or osteochondral injury or osteonecrosis, or if the patient had an unexpected finding that affected treatment. In this case, there are no significant physical exam findings consistent with instability or internal ligament derangement. In addition, there was no evidence of effusion. Medical necessity for the requested MRI of the left knee has not been established. The requested study is not medically necessary.

MRI for the cervical spine: Upheld

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

MAXIMUS guideline: Decision based on MTUS Neck and Upper Back Complaints 2004, Section(s): Diagnostic Criteria. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) MRI of the cervical spine.

Decision rationale: According to CA MTUS/ACOEM guidelines, a cervical MRI is indicated if unequivocal findings identify specific nerve compromise on the neurologic examination, in patients who do not respond to conservative treatment, and who would consider surgical intervention. Cervical MRI is the mainstay in the evaluation of myelopathy. Per ODG, MRI should be reserved for patients who have clear-cut neurologic findings and those suspected of ligamentous instability. Repeat MRI is not routinely recommended, and should be reserved for a significant change in symptoms and/or findings suggestive of significant pathology. In this case, there are no neurologic findings on physical exam to warrant a cervical MRI study. Medical necessity for the requested service is not established. The requested service is not medically necessary.

Oxycodone HCL 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Oxycodone is a short-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. The treatment of chronic pain with any opioid analgesic requires review and

documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there was documentation of the medication's pain relief effectiveness (only from 11/10 to 10/10 pain level), despite the use of multiple medications. There was no documentation of functional improvement from previous usage of opioids to consider continuation of this medication. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycodone should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.

Oxycontin 80mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids.

Decision rationale: According to ODG and MTUS, Oxycontin is a long-acting opioid analgesic, and is in a class of drugs that has a primary indication to relieve symptoms related to pain. Opioid drugs are available in various dosage forms and strengths. They are considered the most powerful class of analgesics that may be used to manage both acute and chronic pain. These medications are generally classified according to potency and duration of dosage. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is no documentation of the medication's pain relief effectiveness, functional improvement from previous usage, or response to ongoing opioid analgesic therapy. Medical necessity of the requested item has not been established. Of note, discontinuation of an Oxycontin should include a taper, to avoid withdrawal symptoms. The requested medication is not medically necessary.