

Case Number:	CM14-0128854		
Date Assigned:	08/29/2014	Date of Injury:	08/31/2000
Decision Date:	06/17/2015	UR Denial Date:	07/30/2014
Priority:	Standard	Application Received:	08/13/2014

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: California
 Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 68 year old female, who sustained an industrial injury on 8/31/00. Initial complaints were not reviewed. The injured worker was diagnosed as having cervical spondylosis; lumbar disc disorder; cervical degenerative disc disease' lumbosacral radiculopathy; cervical radiculopathy. Treatment to date has included cervical radiofrequency lesioning C3-4, C5-6 (9/27/13); medications. Diagnostics included MRI cervical spine (5/30/14); MRI cervical spine (5/30/14); MRI lumbar spine (5/30/14). Currently, the PR-2 notes dated 7/17/14 indicated the injured worker was seen on this date for a pain management follow-up visit. She is complaining of neck pain (cervicalgia). She states she has been losing her balance of some time now but seems to be getting worse. She is very unsteady on her feet and implies that at night she has been getting severe jerking movements. She also states she has been experiencing numbness on both arms and legs. The pain is described as intermittent, hot burning, shooting and throbbing with a pain level of 4/10. The provider notes that the symptoms are concerning, but not apparent from her recent MRI studies where her neurological symptoms are coming from. On examination, he notes tenderness at the lumbar facets particularly at L4-L5 and L5-S1. He again refers to her MRI noting both facet arthrosis and degenerative disc disease. She has axial low back pain, which is aggravated by extension and rotation and facet loading maneuvers. She has had lumbar medial branch blocks that gave more than 70% relief and he feels she would be a good candidate for radiofrequency lesioning. This is part of his treatment plan on this date. The notes submitted do not indicate the injured worker has had any lumbar surgical intervention. The

provider has requested Percocet 10-325 mg, #112 and Oxycontin 40 mg, #56 for a retrospective date 7/17/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

PERCOCET 10-325 MG, #112: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury without acute flare, new injury, or progressive deterioration. The PERCOCET 10-325 MG, #112 is not medically necessary and appropriate.

OXYCONTIN 40 MG, #56: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: Pain symptoms and clinical findings remain unchanged for this chronic injury. Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or returned to work status. There is no evidence presented of random drug testing or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and

maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic injury. In addition, submitted reports have not adequately demonstrated the specific indication to support for chronic opioid use without acute flare-up, new injuries, or progressive clinical deficits to support for chronic opioids outside recommendations of the guidelines. The OXYCONTIN 40 MG, #56 is not medically necessary and appropriate.