

Case Number:	CM14-0187427		
Date Assigned:	11/18/2014	Date of Injury:	08/17/2008
Decision Date:	01/06/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 Neurology 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:

The Injured Worker (IW) is a 35 year-old female with a reported date of injury as 8/17/2008. The mechanism of injury is noted that the IW experienced pain in her upper back and neck when bending to assist a client. The IW is status post cervical fusion performed in March 2012 and reports intractable chronic cervical neck pain at level 9 on a scale of 10. The Primary Treating Physician (PTP) reports that Norco 10/325 mg (two pills, three times daily) and Soma (three times daily) have not provided adequate relief. Recent physical findings from the exam provided by an orthopedic spine surgeon dated 7/17/2014 reveal limited cervical range of motion in all planes tested, and paraspinal muscles are moderately tender to palpation. Upper extremity neurological findings are primarily normal with only minimal loss of motor strength (left 4/5 and right 4-5/5) and note of a loss of sensation of a "generalized fashion" to the upper left extremity. That physician noted that the IW's CT (no date specified) reveals broken hardware ("with the screws" sic) and that there "doesn't appear to be a clear fusion at the interbody levels." This report states that the IW is taking Vocodin 5/500 mg every four hours as needed for pain and Soma 350 mg three times daily. The Primary Treating Physician reports in a note dated 4/15/2014 that the CT scan dated 10/6/2013 shows post-operative changes compatible with anterior cervical discectomy and fusion at C5-6 and C6-7 with "...normal postoperative appearance." Also noted is "a mild degree of underlying congenital spinal stenosis with the cervical spine" but no significant foraminal stenosis. This exam notes cervical spine spasm, pain, and decreased range of motion. There is facet tenderness and motor weakness in the right upper extremity noted as 4/5 and radiculopathy on the right at C5-7 with decreased sensation. The medical records provided for this for this review are absent discussion in any detail the opioid treatment plan being used to address the IW pain complaints. A request for OxyContin 20 mg in a quantity of 60 was made on 10/2/2014 and subsequently modified in certification to quantity 30.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg, sixty count: Upheld

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

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

Decision rationale: Norco and Vicodin are short-acting opioid medications (hydrocodone) combined with the analgesic acetaminophen, and are useful to treat intermittent or breakthrough pain. OxyContin is a longer-acting opioid, Oxycodone, which may provide analgesic benefit over greater duration of time. The MTUS Guidelines discussion of Opioids for the on-going treatment of chronic pain is extensive. Generally speaking, opioids may be recommended as an option for neuropathic pain which has not responded to first-line recommendations, such as antidepressants and anticonvulsants. They may be considered for first-line therapy options where needed to provide prompt pain relief while titrating a first-line therapeutic or when treating episodic exacerbations of severe pain. (Opioids, pp. 74-96). In this case, it is apparent that the IW is or has been prescribed Vicodin 5/500 mg up to six times daily and/or Norco 10/325, also six pills daily, as has been indicated by reports dating to 4/15/2014. In the discussion 'Criteria for use of Opioids' (p. 76-77), the MTUS states that prior to starting therapy (in this case, the presumed addition of the long-acting Oxycodone), it should be considered whether the patient is likely to improve with the suggested therapy - in other words, have previous opioid treatments provided improvement? (Establishment of a treatment plan, part b, p. 76). It is not apparent from the medical records when this acute therapy was initiated, but the reports are consistent to state that current Norco/Vicodin medication does not provide significant pain relief, noting that the patient's pain remains at 9 of 10 even with this treatment. In fact, this constitutes a "red-flag" as described by the MTUS, indicating that opioids may not be helpful in the chronic phase where they have failed to provide relief in acute and subacute phases (part d, point #1, p. 76). Indeed, there is insufficient documentation to substantiate that this IW is achieving any functional benefit from the opioid treatments -- nor is there any documentation provided to establish that this patient is compliant with the existing therapy, as might be indicated by the inclusion of a urine drug screen or the discussion of an opioid treatment contract. Reports indicate that current opioid therapy is not effective. The documentation provided is inadequate to substantiate the medical necessity for OxyContin in any quantity. Therefore this request is not medically necessary.