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| Case Number: | CM14-0188044 | | |
| Date Assigned: | 11/18/2014 | Date of Injury: | 04/27/1997 |
| Decision Date: | 01/06/2015 | UR Denial Date: | 11/10/2014 |
| Priority: | Standard | Application Received: | 11/11/2014 |

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 Geriatrics and is licensed to practice in New York. 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:

According to the UR letter of November 10, 2014, the injured worker was a 61 year old female injured on the job to the cervical disc, on April 27, 1997. The injured worker was a care giver for mentally challenged children and was involved in breaking up many altercations and fights. The injured worker received repetitive traumas type injures to the neck and lower back. The final trauma was on a skiing trip with the children, the injured worker slipped and fell onto a plastic saucer, sliding down hill and bounding twice on her head. The injured worker was diagnosed with cervical degenerative disc disease, neural foraminal narrowing of C3-C4, C5-C6 and C7-C8 on the left, cervical spondylosis and a fractured pelvis. The injured worker had continued complaints of neck, left shoulder and lower back pain and be symptomatic with lower back pain. On August 28, 2014, a Magnetic Resonance Imaging (MRI) of the cervical spine showed, multilevel degenerative disc disease and spondylosis from C3-C4 through C6-C7. Findings were most pronounced at C6-C7 where a 4mm posterior disc protrusion and uncovertebral spondylosis results in moderate central spinal stenosis with severe left; mild to moderate right neural foraminal narrowing with mild central canal spinal stenosis at C3-C4 and C5-C6 with moderate neural foraminal narrowing at C5-C6; and mild bilateral neural foraminal narrowing C3-C4. According to the progress note of July 30, 2014 through October 16, 2014, the injured worker was receiving relief from taking pain medication, Oxycontin, doxazosin, gabapentin, ibuprofen and Norco. On November 10, 2014 the UR denied authorization for Oxycontin, due to the MTUS guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg 1 tablet every 8 hours # 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-80.

Decision rationale: This 61 year old injured worker has chronic back pain with an injury sustained in 1997. Her medical course has included numerous diagnostic and treatment modalities including use of several medications including narcotics, non-steroidal anti-inflammatory drugs (NSAIDs) and gabapentin. In opioid use, ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects is required. Satisfactory response to treatment may be reflected in decreased pain, increased level of function or improved quality of life. The MD notes fail to document any significant improvement in pain, functional status or side effects to justify ongoing use. Additionally, the long-term efficacy of opioids for chronic back pain is unclear but appears limited. The medical necessity of Oxycontin is not substantiated in the records. Therefore, this request is not medically necessary.