

Case Number:	CM14-0193966		
Date Assigned:	12/01/2014	Date of Injury:	06/03/2013
Decision Date:	01/21/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/19/2014

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 Rehabilitation 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:

This is a 48 year old female patient who sustained a work related injury on 6/3/13. Patient sustained the injury when an IV AC pump fell and struck her on her head, left shoulder and trapezial area. The current diagnoses include brachial (cervical) neuritis, spinal stenosis in cervical region, cervical myelopathy and opioid dependence. Per the doctor's note dated 10/10/14, patient has complaints of head pain, bilateral arm numbness, right leg heaviness and weakness and neck pain at 5-7/10. Physical examination revealed muscle rigidity, flexion 20 degrees, extension 10 degrees, axial compression test and Spurling's sign were positive, hypoesthesia over the right lateral forearm, deep tendon reflexes 3/4 over upper and lower extremities. Per the doctor's note dated 11/12/14 patient had complaints of bilateral neck and upper back pain. Physical examination of the upper extremity revealed muscle rigidity, limited range of motion, positive Spurling sign and axial compression test, 4/5 strength, abnormal deep tendon reflexes (DTRs) and sensation. The current medication lists include Soma, Gabapentin, and Propranolol, Verapamil, Percocet, Tramadol and Eszopidone. The patient has had MRI that revealed disc protrusion right C5-6, Moderate spinal cord flattening on the right with stenosis and foraminal stenosis mild to moderate on the right; x-ray of the cervical spine on 06/06/13 that revealed post-operative status and muscle spasm, narrowing at C5-6 and C7-T1 and fusion at C6-7, post-surgical. The patient has had cervical epidural steroid injection without relief; C6-7 anterior cervical decompression and fusion (ACDF) in 2004 and appendectomy. The patient has received an unspecified number of the physical therapy (PT) visits for this injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use Page(s): 76-80.

Decision rationale: Oxycontin 20mg #60 is an opioid analgesic. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function; continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regards to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to non-opioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Oxycontin 20mg #60 is not established for this patient.