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| Case Number: | CM15-0000184 | | |
| Date Assigned: | 01/09/2015 | Date of Injury: | 03/04/2003 |
| Decision Date: | 03/09/2015 | UR Denial Date: | 12/12/2014 |
| Priority: | Standard | Application Received: | 01/02/2015 |

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 54 year old male, who sustained an industrial injury on 3/4/2003. He has reported neck pain. The diagnoses have included left cervical radiculopathy, chronic cervical neck pain and C5-6 and C6-7 stenosis. Treatment to date has included oral medications, physical therapy, cervical spine surgery, TENS unit therapy and cervical epidural steroid injection. Currently, the injured worker complains of chronic neck pain that radiates down left arm and headaches. He rates the neck pain a 10/10 off medications and a 6-9/10 on pain medications. On 12/12/14, Utilization Review non-certified a request for C4-5 medial branch blocks, noting "diagnostic facet blocks should not be performed in patients who have had a previous fusion procedure at the planned injection level." The MTUS, ACOEM Guidelines were cited. On 12/12/14, Utilization Review non-certified requests for prescriptions of Oxycontin 40 mg. Q 8 hrs. and Oxycodone 10 mg. Q 4hrs., noting "the documentation does not identify quantifiable pain relief and functional improvement, appropriate medication use, and lack of aberrant behaviors and intolerable side effects." CA MTUS was cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

C4-C5 medial branch blocks: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back Chapter, Facet Joint Diagnostic Blocks Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back (Acute & Chronic), Facet joint diagnostic blocks

Decision rationale: The claimant is more than 10 years status post work-related injury with treatments including a multilevel cervical spine fusion including adjacent segment fusion at C4-5 done in November 2013. Guidelines recommend against performing facet blocks in patients who have had a previous fusion procedure at the planned injection level. Since the claimant has had a fusion at C4-5 and treatment at this level is being requested, it is not medically necessary.

OxyContin 40 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury with treatments including two cervical spine fusions. Medications include OxyContin and oxycodone with a total MED (morphine equivalent dose) of more than 240 mg per day and there is poor pain control. OxyContin is a sustained release formulation and would be used to treat baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.

Oxycodone 10 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids - Criteria for Use Section.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p76-80 (2) Opioids, dosing, p86 Page(s): 76-80, 86.

Decision rationale: The claimant is more than 10 years status post work-related injury with treatments including two cervical spine fusions. Medications include OxyContin and oxycodone with a total MED (morphine equivalent dose) of more than 240 mg per day and there is poor pain control. Oxycodone is a short acting opioid often used for intermittent or breakthrough pain. In

this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction, there is poor pain control and the claimant is not currently working. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than 2 times that recommended. Although the claimant has chronic pain and the use opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Therefore, this medication was not medically necessary.