

Case Number:	CM15-0001725		
Date Assigned:	01/12/2015	Date of Injury:	12/06/1996
Decision Date:	03/06/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/05/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 55 year old male, who sustained an industrial injury on 12/6/1996. He has reported a severe neck injury requiring an anterior cervical fusion with instrumentation, subsequently with post operative complication of infection requiring a second surgery. The diagnoses have included chronic postoperative pain and post-laminectomy syndrome, cervical region. Magnetic Resonance Imaging (MRI) completed 1/11/13 revealed foraminal stenosis, degenerative changes, foramina narrowing bilaterally C5-C7. X-ray 1/15/2008 revealed cervical fusion and internal fixation hardware at C5-C7. Treatment to date has included anti-inflammatory medication, physical therapy, cognitive/behavioral therapy, and cervical facet blocks, and radiofrequency to left C2, C3, and C4 with reported 60% improvement in pain and increased functioning allowing decreased narcotic use. Currently, the IW complains of continued neck pain, rated 0-7/10 VAS. Physical examination was positive for cervical facet joint load pain. The plan of care was to start decreasing OxyContin 20 mg tab extended release 12 hour one daily, increase OxyContin IR 5 mg four times daily as needed, and continue other medications as previously ordered, as well as continue home exercise, and scheduled medial branch blocks to cervical spine. On 12/18/2014 Utilization Review modified certification for Oxycodone IR 5mg #120, noting the guidelines do not recommend use of Oxycodone IR past sixteen (16) weeks. The California Chronic Pain Medical Treatment Guidelines were cited. On 12/18/2014 Utilization Review non-certified a Oxycodone IR 5mg #120 (Do Not Fill Before 1/10/15), and medial branch block under fluoroscopy guidance at right C2, C2-C3, C3 and C4 to cover the right C2-C3 and right C3-C4 facet joints, noting the recommendations per guidelines.

California Chronic Pain Medical Treatment Guidelines and ODG Guidelines were cited. On 1/5/2015, the injured worker submitted an application for IMR for review of Oxycodone IR 5mg #120, Oxycodone IR 5mg #120 (Do Not Fill Before 1/10/15), and medial branch block under fluoroscopy guidance at right C2, C2-C3, C3 and C4 to cover the right C2-C3 and right C3-C4 facet joints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 5mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there was insufficient up to date evidence to show functional gains and pain reduction (measurable) directly related to the oxycodone IR 5 mg use. Also, a reduction of the longer-acting oxycodone before reducing the IR version seems counterproductive to the weaning process and would seem to be more problematic. Regardless, the oxycodone IR 5 mg (including the prescription which was intended to not be filled before 1/10/15) will be considered medically unnecessary and weaning is recommended.

Oxycodone IR 5mg #120 (Do not fill before 1/10/15): Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: See other response to "Oxycodone IR 5 mg #120" for reference and rationale.

1 diagnostic medial branch block under fluoroscopy guidance at right C2, C2-C3, C3 and C4 to cover the right C2-C3 and right C3-C4 facet joints: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181. Decision based on Non-MTUS Citation Official Disability Guidelines, Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Neck and Upper Back section, facet joint diagnostic blocks

Decision rationale: The MTUS Guidelines do not address facet joint injections. The ODG suggests that for a diagnosis of facet joint pain, tenderness over the facet joints, a normal sensory examination, and absence of radicular findings are all requirements of the diagnosis. So far there is no evidence of imaging findings consistently correlating with symptoms related to facet joints. The ODG also discusses the criteria that should be used in order to justify a diagnostic facet joint injection for facet joint disease and pain, including 1. One set of diagnostic medial branch blocks with a response of greater or equal to 70% and lasting for at least 2 hours (lidocaine), 2. Limited to patients with cervical pain that is non-radicular and at no more than two levels bilaterally, 3. Documentation of failure of conservative treatments for at least 4-6 weeks prior, 4. No more than 2 facet joints injected in one session, 5. Recommended volume of no more than 0.5 cc per joint, 6. No pain medication from home should be taken at least 4 hours prior to diagnostic block and for 4-6 hours afterwards, 7. Opioids should not be given as a sedative during procedure, 8. IV sedation is discouraged, and only for extremely anxious patients, 9. Pain relief should be documented before and after a diagnostic block, 10. Diagnostic blocks are not to be done on patients who are to get a surgical procedure, 11. Diagnostic blocks should not be performed in patients that had a fusion at the level of the planned injection, and 12. Facet blocks should not be done on the same day as any other type of injection near the cervical area as it might lead to improper diagnosis.