

Case Number:	CM15-0108289		
Date Assigned:	06/12/2015	Date of Injury:	07/27/2011
Decision Date:	07/27/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/04/2015

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: Arizona, California
 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:

This 28 year old man sustained an industrial injury on 7/27/2011. The mechanism of injury is not detailed. Evaluations include cervical spine x-rays dated 2/6/2015. Diagnoses include intervertebral cervical disc disorder with myelopathy, cervical spondylosis with myelopathy, cervical spinal stenosis, generalized anxiety disorder, depressive disorder, alcoholism, noncompliance, lesion of ulnar nerve, and carpal tunnel syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 2/6/2015 show improved right upper extremity strength and dexterity, decreased right elbow pain and numbness and decreased right shoulder symptoms. Recommendations include physical therapy, pain management with primary treating physician, and follow up in three months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone-Acetaminophen 10-325mg #90: 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): 82-92.

Decision rationale: Oxycodone is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycodone for over 6 months in combination with Oxycontin. There was no indication of weaning failure or use of Tylenol for breakthrough pain. Chronic use is not recommended and continued use of Roxicodone is not medically necessary.

Physical Therapy 2x6 Cervical, Right Elbow, Right Fourth Finger, Right Fifth Finger:
Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines physical medicine Page(s): 98-99. Decision based on Non-MTUS Citation ODG- neck pain and pg 40.

Decision rationale: According to the MTUS guidelines, therapy is recommended in a fading frequency. They allow for fading of treatment frequency (from up to 3 visits per week to 1 or less), plus active self-directed home Physical Medicine. The following diagnoses have their associated recommendation for number of visits. Myalgia and myositis, unspecified 9-10 visits over 8 weeks. Neuralgia, neuritis, and radiculitis, unspecified 8-10 visits over 4 weeks. Reflex sympathetic dystrophy (CRPS) 24 visits over 16 weeks. In this case, the claimant had spine surgery in November 2014. The claimant had not started post-op therapy and was requested by the physician to initiate it in February 2015. According to the ODG guidelines, therapy should start after surgery and complete in the 1st 4 months. In addition, there was no indication that exercises cannot be performed at home. The right extremity therapy was not noted for surgery. The claimant had completed an unknown amount of therapy and a request was made again in May 2015 for 12 sessions of therapy. The request for the additional 12 sessions of therapy is not medically necessary.