

Case Number:	CM15-0142582		
Date Assigned:	08/03/2015	Date of Injury:	05/10/2004
Decision Date:	08/28/2015	UR Denial Date:	07/15/2015
Priority:	Standard	Application Received:	07/22/2015

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: Iowa, Illinois, Hawaii

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive Medicine

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 (IW) is a 51 year old male who sustained an industrial injury on 05/10/2004. He reported being struck on the top of the head with a very heavy solid steel roof hatch. He reported that he felt immediate compression of his neck and a sensation like "hot water was flowing down my shoulders". He reported "seeing stars" on impact and feeling dizzy with numbness in the hands and a headache, but no loss of consciousness. The injured worker was diagnosed as having: Cervicogenic headaches; Depression secondary to pain; Bilateral upper extremity neuropathy; Post cervical fusion. Treatment to date has included cervical spine surgery, physical therapy and medications including opioids. Currently, the injured worker complains of neck pain and bilateral shoulder pain with severe daily headaches. He has difficulty swallowing/choking from retraction of esophagus during surgery and hoarseness from prior discectomy and fusion. He has been on a stable medication regimen. His medications include Dilaudid, Lunesta, Methadone, and Lexapro. He takes both Dilaudid and Methadone at the same time. The worker states the Dilaudid takes effect within 30 minutes, and the Methadone starts working in about one hour. Together the medications bring his pain level down from an 8 on the scale of 0-10 to a 2-3 on a scale of 0-10, and it lasts about 6 to 8 hours before he has to take the next dose. Without medication, he is in excruciating pain from neck pain, muscle spasms and headaches. Without medications, his activity level is minimum. With the medications, he can take part in activities of daily living including waling a mile per day for exercise. Lexapro has decreased his depression. He tolerates the medications well. On

examination, he is generally alert and oriented and slightly more optimistic. His memory is intact, and he has a normal gait, stance and swing with no antalgic movement. The cervical range of motion is stiff and uncomfortable, he has tender paracervical muscles, and a trigger point at the left occiput. Bilateral shoulder motions are uncomfortable, especially on the right. His motor strength and reflexes are within normal limits. His bilateral hands are cool to touch, and he has decreased sensation throughout. The plan of care is to change the Dilaudid to Oxycodone IR, continue Lunesta, Methadone, and Lexapro and recheck in 30 days. A request for authorization was made for the following: 1. Oxycodone IR 10mg #120; 2. Methadone 10mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone IR 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Opioids, Pain.

Decision rationale: Oxycodone is the generic version of Oxycontin, which is a pure opioid agonist. ODG does not recommend the use of opioids for neck pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief and increased level of function. However, MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 410mg, which exceeds MTUS recommendations. As such, the question for Oxycodone IR 10mg #120 is not medically necessary.

Methadone 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Methadone Page(s): 74-96.

Decision rationale: MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include the following: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief and increased level of function. However, MTUS further recommends opioid dosing not to exceed 120mg oral morphine equivalent per day cumulatively for all different opioids used. The morphine equivalent per day based on the progress notes appears to be 410mg, which exceeds MTUS recommendations. As such, the request for Methadone 10mg #120 is not medically necessary.