

Case Number:	CM15-0143263		
Date Assigned:	08/04/2015	Date of Injury:	08/21/1998
Decision Date:	08/31/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/23/2015

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:

The injured worker is a 41 year old female who sustained an industrial injury on 08-21-98. Initial complaints include pain in the neck, head, right shoulder, arm, and leg, as well as the low back. Initial diagnoses are not available. Treatments to date include medications, 2 cervical spine surgeries, epidural steroid injections, physical therapy, chiropractic treatments, and Ketamine cream. Diagnostic studies are not addressed. Current complaints include allodynia throughout the right upper extremity, coldness in her right hand, intermittent swelling and splotching in the right upper extremity. Current diagnoses include cervical degenerative disc disease, cervical post laminectomy syndrome, cervical facet arthropathy, and cervical headaches. In a progress note dated 07-08-15 the treating provider reports the plan of care as medications including Rizatriptan, Oxycodone, and OxyContin. The requested treatments include OxyContin and Rizatriptan. The documentation supports that the injured worker has been on OxyContin and Rizatriptan since at least 03-17-15. The OxyContin dose has been weaned starting on 05/12/15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the guidelines, Oxycontin is not indicated 1st line for mechanical or compressive etiologies. Long-term use has not been studied. In this case, the claimant is on Oxycontin due to a Tylenol and Tricyclic allergy. However, the claimant was on Oxycontin and Oxycodone in a dose greater than 120 mg Morphine equivalent recommended by the guidelines. There is no mention of weaning attempt. The continued use of Oxycontin at the above dose is not medically necessary.

Rizatriptan 10mg #30 with 2 refills: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Head (trauma, headaches, etc., not including stress & mental disorders): Triptans (2014).

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Head and pg 33.

Decision rationale: According to the guidelines, Triptans such as Rizatriptan are indicated for migraines. In this case, the claimant was noted to have "cervicogenic headaches". There was no mention of headache aura or quality of headache or chronic history prior to injury to suggest migraines. The request for Rizatriptan is not necessary due to unclear diagnosis of Migraine.