

Case Number:	CM15-0162114		
Date Assigned:	08/28/2015	Date of Injury:	12/04/2013
Decision Date:	10/05/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/18/2015

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 York

Certification(s)/Specialty: Anesthesiology

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 44-year-old male, with a reported date of injury of 12-04-2013. The mechanism of injury was the result of losing control of his truck and being thrown around the cab of the truck. The injured worker's symptoms at the time of the injury included neck pain, facial injuries, and shoulder pain. The diagnoses include shoulder joint pain, cervical degenerative disc disease, herniated cervical disc, and cervical facet arthropathy. Treatments and evaluation to date have included oral medications and a neck brace. The diagnostic studies to date have included urine drug screen on 05-21-2015, which was consistent; an MRI of the left shoulder on 07-03-2014 which showed mild marrow swelling at the greater tuberosity of the humerus, without evidence of fracture or dislocation and mild subdeltoid bursitis; an x-ray of the cervical spine on 02-26-2014 which showed a fracture of the posterior aspect of C7 spinous process and degenerative spondylotic changes; an MRI of the thoracic spine on 01-15-2014 which showed a small left T1-T2 foraminal perineural cyst; an MRI of the cervical spine on 01-15-2014 which showed cyst-like fluid signal, mild cord compression at C4-5, C5-6, and C6-7, multilevel disc osteophyte complexes, multilevel neural foraminal narrowing, and swelling within the left transverse process of C7 and spinous process of C7 consistent with a fracture; an MRI of the cervical spine on 05-14-2015; and x-rays of the cervical spine on 05-14-2015. The progress note dated 07-27-2015 indicates that the injured worker continued to complain of increased pain. He had an acute flare-up of his cervical spine pain, so he went to the emergency room on 07-25-2015. The injured worker stated that his medications were not enough. He was taking OxyContin 20mg twice a day, and he wanted to increase that. The injured worker rated

his pain 10 out of 10, and his pain was constant. The physical examination showed normal tone, the left arm and hand gripping was weaker than the right side, grossly intact sensory examination, cervical flexion and extension at 10 degrees with pain in both directions, positive bilateral facet loading test; lateral rotation of the cervical spine almost 0, positive Spurling's sign on the left, decreased left shoulder range of motion, and left shoulder abduction less than 90 degrees. It was noted that after the accident, the injured worker was not able to continue to work; and he has been staying home. The treating physician was not sure of his employment status. The treatment plan included the increase of OxyContin from 20mg twice a day to 20mg three times a day and a six view x-ray series of the cervical spine. The injured worker was advised to take one tablet three times a day for 30 days, with no refills. The treating physician requested OxyContin 20mg #90 and one complete cervical x-ray.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20mg #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): 74-96.

Decision rationale: According to the ODG, chronic pain can have a mixed physiologic etiology of both neuropathic and nociceptive components. In most cases, analgesic treatment should begin with acetaminophen, aspirin, and NSAIDs. When these drugs do not satisfactorily reduce pain, opioids for moderate to severe pain may be added. Oxycodone (Oxycontin) is a long-acting opioid analgesic. The treatment of chronic pain with any opioid analgesic requires review and documentation of pain relief, functional status, appropriate medication use, and side effects. A pain assessment should include current pain, intensity of pain after taking the opiate, and the duration of pain relief. In this case, there is insufficient evidence that the opioids were prescribed according to the CA MTUS guidelines, which recommend prescribing according to function, with specific functional goals, return to work, random drug testing, an opioid contract, and documentation of a prior failure of non-opioid therapy. In addition, the MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. The injured worker has been taking Oxycontin since at least 07-27-2015. The injured worker has been taking Norco since at least 01-02-2015. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is evidence that the injured worker has had a urine drug screen. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity of the requested medication has not been established. Of note, discontinuation of an opioid analgesic should include a taper to avoid withdrawal symptoms. The requested medication is not medically necessary.

One complete cervical spine x-ray (6 views): 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 (ODG), Neck & Upper Back (Acute & Chronic).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 166, and 177-179.

Decision rationale: The CA MTUS ACOEM Guidelines indicate that if neck symptoms persist beyond four to six weeks, further evaluation may be indicated. The injured worker has been complaining of neck pain since his injury on 12-04-2013. The criteria for ordering imaging studies are: emergence of a red flag; physiologic evidence of tissue injury or trauma or neurologic dysfunction; failure to progress in a strengthening program intended to avoid surgery; and clarification of the anatomy before an invasive procedure. The guidelines also indicate that "cervical radiographs are most appropriate for patients with acute trauma associated with midline vertebral tenderness, head injury, drug or alcohol intoxication, or neurologic compromise." There was no documentation of evidence of any of these criteria. There was documentation that the injured worker had x-rays of the cervical spine on 05-14-2015; however, the results were not indicated. The rationale for the most recent request is not indicated. Therefore, the request for one complete cervical spine x-ray is not medically necessary.