

Case Number:	CM15-0163318		
Date Assigned:	08/31/2015	Date of Injury:	01/12/2009
Decision Date:	10/05/2015	UR Denial Date:	08/10/2015
Priority:	Standard	Application Received:	08/20/2015

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: Texas, 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 36 year old male, who sustained an industrial injury on January 12, 2009. The initial diagnosis and symptoms experienced, by the injured worker, were not included in the documentation. Treatment to date has included physical therapy, medications, cold therapy, electro-diagnostic studies, surgery, CT scan, MRI, x-rays, acupuncture, physical therapy and surgery. Currently, the injured worker complains of severe neck and left arm pain that is described as burning and sharp and is rated at 7 on 10. He reports decreased range of motion in his neck. The injured worker is currently diagnosed with cervical intervertebral disc degeneration, cervical disc displacement and cervical radiculitis. His work status is temporary total disability. A progress note dated December 1, 2014, states the injured worker did not receive benefit from surgical intervention. A progress note dated April 7, 2015, states the injured worker is experiencing efficacy from his medication regimen, which results in improved function and ability to engage in activities of daily living. The therapeutic response to acupuncture and physical therapy were not included. The medication OxyContin 40 mg #60 is requested to alleviate pain. The patient's surgical history include cervical fusion on 2/8/15 and cervical spine surgery in 2012; left shoulder arthroscopy in 2011. The patient had received an unspecified number of PT visits for this injury. Per the note dated 7/30/15 the patient had complaints of pain in neck and left arm. Physical examination of the cervical spine revealed limited range of motion, tenderness on palpation, muscle spasm and decreased sensation in upper extremity. The patient has had MRI of left shoulder on 10/2/12 that revealed tendinitis; CT scan of cervical spine in 2014 that revealed post surgical status. The medication list includes Naproxen, Tramadol, Cyclobenzaprine, Hydrocodone, Oxycontin and Omeprazole. The patient has had history of DM and gastritis. A recent urine drug screen report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines -Opioids, criteria for use: page 76-80, CRITERIA FOR USE OF OPIOIDS, Therapeutic Trial of Opioids.

Decision rationale: Request: Oxycontin 40 mg, sixty count. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to non-opioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects." In addition according to the cited guidelines "Short-acting opioids: also known as 'normal-release' or 'immediate-release' opioids are seen as an effective method in controlling chronic pain. They are often used for intermittent or breakthrough pain.." Currently, the injured worker complains of severe neck and left arm pain that is described as burning and sharp and is rated at 7 on 10. He reports decreased range of motion in his neck. The injured worker is currently diagnosed with cervical intervertebral disc degeneration, cervical disc displacement and cervical radiculitis. The patient's surgical history include cervical fusion on 2/8/15 and cervical spine surgery in 2012; left shoulder arthroscopy in 2011. Per the note dated 7/30/15 the patient had complaints of pain in neck and left arm. Physical examination of the cervical spine revealed limited range of motion, tenderness on palpation, muscle spasm and decreased sensation in upper extremity. The patient has had MRI of left shoulder on 10/2/12 that revealed tendinitis; CT scan of cervical spine in 2014 that revealed post surgical status. The patient has had history of DM and gastritis. The patient has used tramadol, muscle relaxant and NSAID. This medication is deemed medically appropriate and necessary in the present dose and amount to treat any exacerbations of the pain on an as needed/ prn basis. The medication Oxycontin 40 mg, sixty count is medically necessary and appropriate in this patient.