

Case Number:	CM15-0166423		
Date Assigned:	09/04/2015	Date of Injury:	09/28/2011
Decision Date:	10/08/2015	UR Denial Date:	07/30/2015
Priority:	Standard	Application Received:	08/24/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 47 year old male, who sustained an industrial injury on September 28, 2011. Treatment to date has included physical therapy, acupuncture therapy, diagnostic imaging, TENS unit, opioid medications, home exercise program, cervical discectomy and fusion, and left hand surgery. Currently, the injured worker complains of continued pain. He rates his pain a 6-7 on a 10-point scale and notes that his pain is aggravated by sitting and standing. His pain is relieved by walking. The injured worker's upper trapezius and neck muscles are more relaxed post-operatively and he continues to have tenderness to palpation over the right sternocleidomastoid, bilateral trapezius, and bilateral thoracic paraspinals. The diagnoses associated with the request include status post cervical fusion, left hand injury and left ulnar neuritis. The treatment plan includes continued OxyContin, Robaxin and Xanax.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, #60 for 30 days: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Medications for chronic pain, Opioids, criteria for use, Opioids for chronic pain.

Decision rationale: The patient presents on 07/21/15 with cervical spine pain rated 7-8/10, and left upper extremity pain. The patient's date of injury is 09/28/11. Patient is status post anterior discectomy and fusion C5-C7 on 02/02/15. The request is for OXYCONTIN 20MG #60 FOR 30 DAYS. The RFA was not provided. Physical examination dated 07/21/15 reveals tenderness to palpation over the right sternocleidomastoid muscle, bilateral trapezius muscles (right greater than left), and thoracic paraspinal muscles. The patient is currently prescribed Oxycontin, Robaxin, and Xanax. Per 07/21/15 progress report, patient is unable to return to work until follow up visit. MTUS, CRITERIA FOR USE OF OPIOIDS Section, pages 88 and 89 states, "Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS, CRITERIA FOR USE OF OPIOIDS Section, page 78 also requires documentation of the 4As (analgesia, ADLs, adverse side effects, and adverse behavior), as well as "pain assessment" or outcome measures that include current pain, average pain, least pain, intensity of pain after taking the opioid, time it takes for medication to work and duration of pain relief. MTUS, CRITERIA FOR USE OF OPIOIDS Section, p77, states that "function should include social, physical, psychological, daily and work activities, and should be performed using a validated instrument or numerical rating scale." MTUS, MEDICATIONS FOR CHRONIC PAIN Section, page 60 states that "Relief of pain with the use of medications is generally temporary, and measures of the lasting benefit from this modality should include evaluating the effect of pain relief in relationship to improvements in function and increased activity." In regard to the continuation of Oxycontin for the management of this patient's chronic cervical spine pain, the treater has not provided adequate documentation of opioid efficacy. Progress note date 0721/15 does not provide any discussion of medication efficacy nor discuss how medications improve this patient's chronic pain. MTUS guidelines require documentation of analgesia via a validated scale (with before and after ratings), activity-specific functional improvements, consistent urine drug screening, and a stated lack of aberrant behavior. In this case, there is evidence of prior medication consistency. However, the physician does not provide any current measures of analgesia via a validated scale, any activity-specific functional improvements attributed to medications, or a stated lack of aberrant behavior in the most recent progress note. Without appropriate documentation of analgesia attributed to medications and activity-specific functional improvements, continuation of this medication cannot be substantiated. Owing to a lack of complete 4A's documentation, the request IS NOT medically necessary.