

Case Number:	CM15-0197574		
Date Assigned:	10/13/2015	Date of Injury:	11/02/2012
Decision Date:	11/20/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/07/2015

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: North Carolina, Georgia

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 male individual who sustained an industrial injury on 11-2-12. The medical records indicate that the injured worker is being treated for cervical degenerative disc disease; thoracic sprain-strain; radiculitis-neuritis. He currently (8-17-15) complains of constant neck pain with radiation down both upper extremities with numbness. The pain is worse with head, neck and shoulder movements, sitting, standing and walking, His activities of daily living are limited secondary to pain, in particular those involving caring for himself. He also has sleep difficulties. His medications relieve his pain well. Pain levels were not enumerated. He had a drug screen on 6-19-15 and results were consistent with prescribed medications. On physical exam, there was decreased range of motion of the cervical and lumbar spine. There was tenderness in the midline of the cervical spine. There is marked motor deficit in the left upper extremity, sensory deficits to light touch in the right ring and little finger. Spasms were not present. His treatments to date include current medications including OxyContin (on since at least 5-14-15), Percocet (on since at least 5-14-15), Zanaflex (on since at least 5-14-15), Neurontin; physical therapy; home exercise program. He had an MRI of the cervical spine (3-24-15) showing status post anterior cervical discectomy and fusion at C5-C6-C7; MRI of the cervical spine (8-21-14) with abnormalities. The request for authorization was not present. On 9-8-15 Utilization Review non-certified the requests for OxyContin 20mg #90; Percocet 10-325mg #120 modified to #110; Zanaflex 4 mg #120.

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 Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, this is not medically necessary of ongoing opioid therapy with oxycontin.

Percocet 10/325mg #120: Upheld

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

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

Decision rationale: CA MTUS allows for the use of opioid medication, such as Percocet, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Therefore, this is not medically necessary of ongoing opioid therapy with Percocet.

Zanaflex 4mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The CA MTUS allows for the use, with caution, of non-sedating muscle relaxers as second line treatment for acute exacerbations of chronic low back pain. While they may be effective in reducing pain and muscle tension, most studies show no benefits beyond NSAIDs in pain relief. Efficacy diminishes over time and prolonged use may lead to dependency. There is no recommendation for ongoing use in chronic pain. The medical record in this case does not document an acute exacerbation and the request is for ongoing regular daily use of Zanaflex. This is not medically necessary and the original UR decision is upheld.