

Case Number:	CM15-0205373		
Date Assigned:	10/22/2015	Date of Injury:	07/22/2004
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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: California, Hawaii

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 46 year old female, who sustained an industrial injury on 7-22-04. The injured worker has complaints of chronic intractable neck pain. Cervical range of motion is limited, flexion, extension and side bending. The injured worker has negative straight leg raise. The diagnoses have included multilevel cervical degenerative disc disease; chronic rotator cuff disorder; chronic pain syndrome; severe neuropathic pain; major depressive disorder; bipolar disorder and severe anxiety attacks. Treatment to date has included oxycontin and psychiatric therapy. The original utilization review (10-14-15) non-certified the request for oxycontin (quantity unspecified) and nabumetone (quantity unspecified).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation ODG guidelines - Weaning: Opioids.

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

Decision rationale: The patient presents with chronic intractable neck pain. The current request is for Oxycontin (quantity unspecified). The treating physician states, in a report dated 10/05/15, "Continue Oxycontin 40 mg qid." (34B) MTUS pages 88, 89 states "document pain and functional improvement and compare to baseline. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. Information from family members or other caregivers should be considered in determining the patient's response to treatment. Pain should be assessed at each visit, and functioning should be measured at 6-month intervals using a numerical scale or validated instrument." MTUS also requires documentation of the four A's (analgesia, ADL's, Adverse effects and Adverse behavior). In this case, such documentation is not provided. MTUS further discusses under "outcome measures," documentation of average pain level, time it takes for medication to work, duration of relief with medication, etc. are required. In this patient, none of these are provided. MTUS requires much more thorough documentation to show that this medication is efficacious in terms of pain and function. Additionally, no quantity was listed for the medication. Given the lack of specificity, the current request is not medically necessary.

Nabumetone (quantity unspecified): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steroidal anti-inflammatory drugs).

Decision rationale: The patient presents with chronic intractable neck pain. The current request is for Nabumetone (quantity unspecified). The treating physician states, in a report dated 10/05/15, "Continue Nabumetone 500 mg tid." (34B) The MTUS guidelines state, "Recommended as a second-line treatment after acetaminophen." In this case, the treating physician, based on the records available for review, fails to document the quantity of medication prescribed. Request cannot be granted under IMR rules. Additionally there is no documentation of pain relief or functional improvement as required in the MTUS guidelines on page 60. The current request is not medically necessary.