

Case Number:	CM15-0035260		
Date Assigned:	03/03/2015	Date of Injury:	10/08/1986
Decision Date:	04/09/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/25/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal Medicine

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 57 year old male with an industrial injury dated 10/08/1986, which resulted in injury to the cervical and lumbar spines. Diagnoses include cervical spondylosis, displacement of cervical disc without myelopathy, degeneration of cervical disc, spinal stenosis, and cervical/brachial radiculitis. Diagnostic testing has included x-rays, MRI of the cervical and lumbar spines, and electrodiagnostic studies of the upper and lower extremities. Previous treatments have included conservative measures, medications, facet blocks, and acupuncture. A progress note dated 01/22/2015, reports a chief complaint of moderate to severe neck pain. The objective examination revealed restricted range of motion in the cervical spine, and decreased strength in the bilateral upper extremities. The treating physician is requesting oxymorphone, which was modified by the utilization review. On 02/17/2015, Utilization Review modified a prescription for oxymorphone 5mg #270 to the approval of oxymorphone 5mg #122, noting the MTUS guidelines were cited. On 02/25/2015, the injured worker submitted an application for IMR for review of oxymorphone 5mg #270.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxymorphone 5mg #270: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxymorphone 5mg #270 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical spondylosis; displacement cervical disc without myelopathy; degeneration cervical disc; spinal stenosis cervical; cervical/brachial radiculitis. Date of injury is October 8, 1986. The oldest progress note in the medical record dated August 2, 2014. The medication and narcotic history prior to August 2014 is not available in the medical record. Oxymorphone was a listed medication in that progress note. Oxymorphone was continued through December 22, 2014 at 10 mg 1 1/2 tablets TID. The documentation from a January 22, 2015 progress note makes mention to stop Percocet (Oxycodone). There was no other documentation in the medical record indicating Percocet was a prescribed medication. Additional medications tried and failed include Butrans, Nucynta, Methadone, Norco and Tylenol #3. There were no risk assessments in the medical record. There were no detailed pain assessments (with ongoing long-term opiate use) in the medical record. There was no documentation with objective functional improvement as a result of ongoing Oxymorphone. Consequently, absent compelling clinical documentation with objective functional improvement risk assessments and detail pain assessments (ongoing opiate use), Oxymorphone 5mg #270 is not medically necessary.