

Case Number:	CM15-0047375		
Date Assigned:	03/19/2015	Date of Injury:	08/27/2001
Decision Date:	05/01/2015	UR Denial Date:	02/09/2015
Priority:	Standard	Application Received:	03/12/2015

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, Pain Management

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 58 year old male, who sustained an industrial injury on 8/27/2001, while employed as a carpenter. He reported striking head on a steel beam, causing him to fall backwards. The injured worker was diagnosed as having cervical radiculopathy, muscle spasm, other pain disorders related to psychological factors, occipital neuralgia, failed back syndrome, cervical, and cervical degenerative disc disease. Treatment to date has included surgical (cervical spinal in 2005) and conservative measures, including diagnostics, biofeedback sessions, chiropractic, acupuncture, and physical therapy. An Agreed Medical Examination, dated 8/24/2011, noted medical record documents containing recommendations for narcotic detoxification. A drug screening, dated 12/04/2014, noted inconsistent results. Currently, the injured worker complains of chronic neck pain. He reported having a migraine for 2 weeks. He reported radiation to his upper back and upper, right greater than left, and numbness and tingling into his bilateral upper extremities. His current medication regime allowed him to remain functional with activities of daily living. His pain was rated at least 7/10 and he reported appetite loss, fatigue, anxiety (treated with Valium), sleep difficulty (treated with Pamelor), and gastrointestinal upset (treated with Zantac). His body mass index was 32%. Exam of the cervical spine noted bilateral paraspinal and occipital tenderness, guarded and restricted movement, palpable trigger points in the head and neck, and numbness of the bilateral hands. Lower extremity sensation was diminished in the left lateral thigh. Current medications included Oxycontin, MSIR, Zanaflex, Neurontin, Pamelor, Topamax, Imitrex, Zolof, and Zantac. A

Medrol dose pack was provided and medication refills were recommended. Magnetic resonance imaging reports were not noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone); Opioids, criteria for use; Opioids, dosing; Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 44, 47, 75-79, 120.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), the MTUS California Pain Medical Treatment Guidelines state that this is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the medication is improving the patient's function or pain (in terms of specific examples of functional improvement and percent reduction in pain or reduced NRS) and no discussion regarding aberrant use. As such, there is no clear indication for ongoing use of the medication. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.