

Case Number:	CM15-0048402		
Date Assigned:	03/20/2015	Date of Injury:	02/11/1997
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/13/2015

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: Massachusetts

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 63-year-old male patient, who sustained an industrial injury on 02/11/1997. A pain management office visit dated 02/18/2015, reported the patient with chief complaint of neck pain. The patient presents for pharmacological re-evaluation, pump analysis, pump refill and reprogramming. He states that the last increase from 425 mcg to 450mcg per day of intrathecal Fentanyl helped and without any adverse effects. He receives psychiatric medications from primary care provider. The patient reports subjective complaint of neck pain described as tingling and burning sensation, rated a 5 out of 10 in intensity. He is with significant medical history to include: status post motor vehicle accident 1997, 1992 underwent spinal fusion at C4-C7, 2007 right hip replacement, 1985 to 2006 he underwent sinus surgeries, 2009 placement of intrathecal pump, 2012 right shoulder surgery, 02/2013 infection right hip, 03/2013 internal fixation removal right hip, 12/06/2013 new right hip fracture and 2014 cardiac stenting. Current medications are: Benadryl, Bupropion, Flexiril, Effient, Ibuprophen, Lorazepam, Naproxyn, Neurontin 300mg, Omeprazole, Oxycodone/APAP 10/325mg, Temazepam, Terazosin, and Tramadol. He is allergic to Vicodin, and Penicillin. Physical examination found cervical spine range of motion approximately 50 % decreased with minimal discomfort on range of motion. The following diagnoses are applied: cervicgia, cervical radiculitis and post-laminectomy syndrome cervical. Recommending continued psychiatric visits. The plan of care involved: proceeding with intrathecal pump implantation on 03/05/2015, maintain the intrathecal Fentanyl at 449.7mcg per day, and continue to utilize oxycodone/APAP 10/325mg one daily as needed, Ultram used for breakthrough pain, and follow up on 03/05/2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone / APAP 10/325 one per day #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) (1) Pain (chronic) Implantable drug-delivery systems (IDDSs), p52-54, (2) Opioids, criteria for use, p76-80 (3) Opioids, dosing, p86 Page(s): 76-80, 8652-54, 76-80, 86.

Decision rationale: The claimant is more than 15 years status post work-related injury and continues to be treated for chronic neck pain. Oral medications include tramadol and oxycodone / acetaminophen. The claimant has an intrathecal drug delivery system. In this case, the claimant is also being treated with an intrathecal opioid pump with high dose fentanyl indicating that prior oral opioids medications have not been effective. Therefore, this medication was not medically necessary.