

Case Number:	CM15-0056893		
Date Assigned:	04/01/2015	Date of Injury:	10/26/2011
Decision Date:	05/01/2015	UR Denial Date:	03/20/2015
Priority:	Standard	Application Received:	03/25/2015

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: Maryland

Certification(s)/Specialty: Internal Medicine, Rheumatology

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 42 year old male patient who sustained an industrial injury on 10/26/2011. Prior treatment to include: aqua therapy, home exercise program, electro diagnostic upper extremity testing, physical therapy. The most recent documentation provided was dated 03/03/2015, and it reported subjective complaints of bilateral neck pain and bilateral upper extremity pain, left side worse. Of note, the patient has been unable to fill prescription of Oxycontin until 02/10/2015. His current medications are: Soma, Lisiniopril, Oxycontin, and Trazodone. Prior medications included: NSAID's, Percocet, Kadian, Norco, Soma, Dilaudid, Motrin, Ambien and Oxycodone. The patient's prior surgical history involved an anterior cervical discectomy with fusion on 05/2013, left knee ACL repair in 2006, and left shoulder AC repair in 2008. The impression and or differential diagnosis are: chronic left C7 radiculopathy, bilateral cervical discectomy with fusion at C5-6, cervical stenosis and chronic neck pain. The plan of care involved recommending a prescription for Methadone, Oxycontin, Soma and follow up in 4 weeks. A primary treating office visit dated 01/29/2013 reported subjective complaint of bilateral neck pain that radiates to the left shoulder and bilateral upper extremity accompanied with numbness of hands. His current medications consist of Lisinopril. The following diagnoses are applied: cervical radiculopathy, cervical disc protrusion, cervical stenosis, cervical facet joint arthropathy, cervical strain/sprain and hypertension. The plan of care involved obtaining all prior industrial medical records for review, and follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Methadone 5mg Qty: 15.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines The 4 A's Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 42 year old male has complained of neck pain and upper extremity pain since date of injury 10/26/11. He has been treated with cervical spine surgery, left shoulder surgery, physical therapy and medications to include opioids since at least 04/2013. The current request is for Methadone. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Methadone is not indicated as medically necessary.

Oxycontin 30mg Qty: 90.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications for Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiods, criteria for use Page(s): 76-85, 88-89.

Decision rationale: This 42 year old male has complained of neck pain and upper extremity pain since date of injury 10/26/11. He has been treated with cervical spine surgery, left shoulder surgery, physical therapy and medications to include opioids since at least 04/2013. The current request is for Oxycontin. No treating physician reports adequately assess the patient with respect to function, specific benefit, return to work, signs of abuse or treatment alternatives other than opioids. There is no evidence that the treating physician is prescribing opioids according to the MTUS section cited above which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opiod contract and documentation of failure of prior non-opioid therapy. On the basis of this lack of documentation and failure to adhere to the MTUS guidelines, Oxycontin is not indicated as medically necessary.