MAXIMUS Federal Services

Case Number:	CM14-0114425		
Date Assigned:	09/22/2014	Date of Injury:	03/04/2003
Decision Date:	10/21/2014	UR Denial Date:	07/10/2014
Priority:	Standard	Application Received:	07/22/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

There were 70 pages provided for this review. The application for independent medical review was signed on July 22, 2014. It was for OxyContin, oxycodone and acupuncture. There was also a request for pain management consultation to discuss inpatient detox and outpatient detoxification. Per the records provided, the patient is status post C4-C5 a CDF and posterior foraminotomies at C5-C6 and C6-C7 on the left. There was November 20, 2013 C4-C5 adjacent segment degeneration of both a C5-C7 fusion, C4-C5 stenosis, left C5 radiculopathy confirmed by EMG on September 17, 2013 and headaches. There was anterior cervical discectomy infusion on June 28, 2010. The claimant is described as a 54-year-old male. He was injured back in 2003. There is continued right-sided neck pain. The medicines include Fioricet, Prilosec, oxycodone, and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Acupuncture 1 X 6 To The Cervical Spine: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Acupuncture Treatment Guidelines.

Decision rationale: The MTUS notes frequency and duration of acupuncture or acupuncture may be up to 6 treatments to confirm functional improvement. Acupuncture treatments may be extended only if true functional improvement is documented as defined in Section 9792.20(f). It is not clear if this is the first acupuncture, or if this would be done stand alone, or with other therapies. At present, the request for Acupuncture 1 X 6 to the Cervical Spine is not medically necessary.

Oxycontin 40 Mg One Tablet Per mouth twice per day: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 OF 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for Oxycontin 40 Mg One Tablet Per mouth twice per day is not medically necessary.

Oxycodone 10 Mg 1-2 Tabs every 4-6 Hours as needed: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 OF 127.

Decision rationale: As shared, in regards to Opiates, Long term use, the MTUS poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for Oxycodone 10 Mg 1-2 Tabs every 4-6 Hours as needed is not medically necessary.

Amitiza 24 Mcg 1 by mouth twice per day #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Other Medical Treatment Guideline or Medical

Evidence: x Other Medical Treatment Guideline or Medical Evidence: Physician Desk Reference, 2014 web edition, regarding Amitiza.

Decision rationale: The MTUS and the ODG are silent on Amitiza. The Physician Desk Reference notes it is to soften stool and prevent constipation. It is not clear that there actually was constipation, and therefore that the medicine was essential. Also, natural fiber and other sources of avoiding constipation were not exhausted. The request for Amitiza 24 Mcg 1 by mouth twice per day #60 is not medically necessary.