

Case Number:	CM14-0116490		
Date Assigned:	08/04/2014	Date of Injury:	06/16/1998
Decision Date:	09/29/2014	UR Denial Date:	07/14/2014
Priority:	Standard	Application Received:	07/24/2014

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 Physical Medicine & Rehabilitation, 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:

The injured worker is a 55 year old female with a reported date of injury on 06/16/1998. The mechanism of injury was not noted in the records. The diagnoses included degeneration of cervical disc and chronic pain syndrome. The past treatments included pain medication and surgery. There were no diagnostics provided for review. The surgical history included two fusions to the cervical spine. On 06/19/2014, the subjective complaints were neck pain. The physical examination noted pain over all facets of the cervical spine with extension more painful than forward flexion. The medications included Oxycodone, Actiq, Valium, and Phenergan. The plan was to continue medications. The rationale was to relieve pain. The request for authorization form was dated 07/24/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Actiq 200mg #60 x 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Actiq (fentanyl lollipop) Page(s): 12..

Decision rationale: The request Actiq 200mg #60 x 2 refills is not medically necessary. The California MTUS guidelines state Actiq is not recommended for musculoskeletal pain and is only indicated for the management of breakthrough cancer pain. The guidelines also state that Actiq is not for use in patients with chronic pain. The injured worker has chronic neck pain. The guidelines state that Actiq is not recommended for musculoskeletal pain or chronic pain. Additionally the request as submitted did not provide a medication frequency. As such, the request is not medically necessary.

Oxycontin 15mg #180 X 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78..

Decision rationale: The request Oxycontin 15mg #180 X 2 refills is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behavior. The injured worker has chronic neck pain. The records noted a drug screen to assess for aberrant behavior. However, there was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning. Furthermore the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical pain relief, side effects, and physical and psychosocial functioning, the request is not supported. As such, the request is not medically necessary.

Oxycontin 10mg #180 X 2 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The request Oxycontin 10mg #180 X 2 refills is not medically necessary. The California MTUS guidelines state four domains that have been proposed as most relevant for monitoring of chronic pain patients on opioids. These include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behavior. The injured worker has chronic neck pain. The records noted a drug screen to assess for aberrant behavior. Additionally however, there was not adequate documentation in the clinical notes submitted of quantified numerical pain relief, side effects, physical and psychosocial functioning. Furthermore the request as submitted did not provide a medication frequency. As adequate documentation was not submitted of quantified numerical

pain relief, side effects, and physical and psychosocial functioning, the request is not supported. As such, the request is not medically necessary.