MAXIMUS Federal Services

Case Number:	CM15-0008204		
Date Assigned:	01/26/2015	Date of Injury:	03/04/2003
Decision Date:	03/27/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	01/14/2015

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

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 male who reported injury on 03/04/2003. His mechanism of injury was not included. His diagnoses included C4-5 adjacent segment degeneration above the C5-7 fusion, C4-5 stenosis, left C6 radiculopathy, chronic intractable pain, C5-6 and C6-7 stenosis, headache. His surgical history included a C4-5 ACDF and posterior foraminotomies at C5-6 and C6-7 on the left performed on 11/20/2013 and a C5-6 and C6-7 anterior cervical discectomy and fusion on 06/28/2010. His diagnostic studies included a CT of the cervical spine on 02/15/2013, MRI of the cervical spine on 05/16/2013, EMG/NCV of the upper extremities performed on 09/17/2013, x-rays of the cervical spine performed on 08/11/2014, CT scan of the cervical spine performed on 08/20/2014, MRI scan of the cervical spine performed on 09/11/2014, and x-rays of the cervical spine on 10/13/2014. His medications included Fioricet 5/325/40 mg, Prilosec DR 20 mg, Amitiza 24 mcg, Zanaflex 4 mg, oxycodone 10 mg, and OxyContin 40 mg. The progress report dated 12/08/2014 documented the injured worker had complaint of ongoing neck pain that he rated a 10/10 without medications and a 6/10 to 9/10 with the use of medications.On physical examination, the injured worker was noted to have tenderness over the left trapezius on palpation, and tenderness to the left base of the neck. He had a positive facet loading test. His cervical spine range of motion was measured in flexion at 20 degrees, extension at 10 degrees, left lateral bend at 10 degrees, right lateral bend at 20 degrees, left rotation at 25 degrees, and right rotation at 15 degrees. His motor strength for his upper extremities were measured at 5/5. It is documented the patient receives up to 30% to 40%

reduction of pain with his medications. His function was significantly improved with his medications. There is a pain contract on file, as well a random urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 Mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Oxycontin 40 Mg #90 is not medically necessary. The California MTUS guidelines state for chronic back pain opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (>16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. Cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. The guidelines recommend a short term use of OxyContin and that opiates should not exceed 120 mg of oral morphine equivalents a day and this injured worker is receiving over 400 total daily morphine equivalent dose per day, and the request does not include dosing instructions. The request for OxyContin 40 mg #90 is not medically necessary.

Oxycodone 10 Mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, ongoing management Page(s): 78.

Decision rationale: The request for Oxycodone 10 Mg #180 is not medically necessary. The California MTUS guidelines state The California MTUS Guidelines state for chronic back pain opioids appear to be efficacious but limited for short-term pain relief, and long term efficacy is unclear (16 weeks), but also appears limited. Failure to respond to a time limited course of opioids has led to the suggestion of reassessment and consideration of alternative therapy. There is no evidence to recommend one opioid over another. In patients taking opioids for back pain, the prevalence of lifetime substance use disorders has ranged from 36% to 56% (a statistic

limited by poor study design). Limited information indicated that up to one-fourth of patients who receive opioids exhibit aberrant medication-taking behavior. (Martell-Annals, 2007) (Chou, 2007) There are three studies comparing Tramadol to placebo that have reported pain relief, but this increase did not necessarily improve function. Cumulative dosing of all opiates should not exceed 120 mg oral morphine equivalents per day. As the guidelines recommend a short term use of OxyContin and that opiates should not exceed 120 mg of oral morphine equivalents a day and this injured worker is receiving over 400 total daily morphine equivalent dose per day, and the request does not include dosing instructions, the request for oxycodone 10 mg #180 is not medically necessary.