

Case Number:	CM15-0110563		
Date Assigned:	06/17/2015	Date of Injury:	10/26/2011
Decision Date:	07/16/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/08/2015

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 43 year old male, who sustained an industrial injury on 10/26/2011. The current diagnoses are chronic left C7 radiculopathy, bilateral cervical radiculopathy, anterior cervical discectomy and fusion C5-C6, cervical stenosis, and chronic neck pain. According to the progress report dated 5/26/2015, the injured worker complains of neck and bilateral upper extremity pain, left worse than right. The level of pain is not rated. Per notes, the injured worker failed his OxyContin taper. The physical examination of the cervical spine reveals tenderness over the paraspinal muscles. Restricted and painful range of motion in all directions was noted. The current medications are Soma, OxyContin, and Trazadone. Treatment to date has included medication management, ice, MRI studies, physical therapy, neck brace, electrodiagnostic testing, epidural steroid injections, and surgical intervention. The plan of care includes prescription refill for OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90 (3 times daily) (RX 4/28/2015): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, (2) Opioids, dosing Page(s): 76-80, 86.

Decision rationale: The claimant sustained a work injury in October 2011 and continues to be treated for radiating neck pain. When seen, he had failed a taper of OxyContin. Prior medications had included Percocet and Kadian. There was decreased and painful cervical spine range of motion with muscle tenderness and decreased upper extremity strength. Medications are referenced as providing 50% improvement in activities of daily living with a 50% decrease in pain. OxyContin was prescribed at a total MED (morphine equivalent dose) of 135 mg per day, an increase from 90 mg per day. Guidelines recommend against opioid dosing is in excess of 120 mg oral morphine equivalents per day. In this case, the total MED being prescribed is more than that recommended. Although the claimant has chronic pain and the use of opioid medication may be appropriate, there are no unique features of this case that would support dosing at this level. Failure of tapering was at a significantly lower MED. Prescribing at this dose is not medically necessary.