

Case Number:	CM15-0140271		
Date Assigned:	07/30/2015	Date of Injury:	08/23/2009
Decision Date:	10/02/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/20/2015

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, Texas, Florida

Certification(s)/Specialty: Anesthesiology, Pain Management, Hospice & Palliative Medicine

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 57 year old female, who sustained an industrial injury on August 23, 2009 while working as a truck driver. The injury occurred while performing her usual and customary duties. The injured worker was stepping up into a truck and the step broke. The injured worker has been treated for neck, back, left arm and left upper extremity complaints. The diagnoses have included cervical degenerative disc disease, thoracic pain and chronic low back pain. Treatment and evaluation to date has included medications, radiological studies, electrodiagnostic studies, MRI, transcutaneous electrical nerve stimulation unit, psychological evaluation, left shoulder adhesive capsulitis surgery and left shoulder arthroscopic surgery. The injured workers work status was noted to be permanent and stationary. Current documentation dated June 29, 2015 notes that the injured worker reported chronic neck, back and shoulder pain. The injured worker noted that without the medication Percocet she is unable to function. The pain was rated a 5 out of 10 on the visual analogue scale with the medication. The injured worker was noted to be able to do more activities such as light gardening, simple cooking, light household chores, dusting and laundry and was able to walk further distances for longer periods of time with the medication. The injured worker walked with the assistance of a cane. Examination of the cervical spine revealed tenderness over the paraspinal musculature. Examination of the lumbar spine revealed pain with flexion and extension. The treating physician's plan of care included requests for OxyContin 30 mg # 60 and 1 spinal cord stimulator trial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg #60: 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): 44, 47, 75-79, and 120.

Decision rationale: Regarding the request for Oxycontin (oxycodone ER), California Pain Medical Treatment Guidelines state that Oxycontin is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is no indication that the oxycodone is improving the patient's function (in terms of specific examples of functional improvement). As such, there is no clear indication for ongoing use of the medication oxycodone. Opioids should not be abruptly discontinued, but unfortunately, there is no provision to modify the current request to allow tapering. In light of the above issues, the currently requested Oxycontin (oxycodone ER) is not medically necessary.

One (1) spinal cord stimulator trial: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 38, 101, and 105-107.

Decision rationale: Regarding the request for a spinal cord stimulator trial, Chronic Pain Medical Treatment Guidelines state that spinal cord stimulators are recommended only for selected patients in cases when less invasive procedures have failed or are contraindicated. Guidelines support the use of spinal cord stimulators for failed back surgery syndrome, complex regional pain syndrome, neuropathic pain, post amputation pain, and post herpetic neuralgia. Guidelines recommend psychological evaluation before proceeding with spinal cord stimulator therapy. Within the documentation available for review, it does not appear that the patient has one of the diagnosis supported by guidelines for a spinal cord stimulator trial. In the absence of such documentation, the currently requested spinal cord stimulator trial is not medically necessary.