

Case Number:	CM15-0178526		
Date Assigned:	09/18/2015	Date of Injury:	10/01/1990
Decision Date:	10/22/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/10/2015

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: Emergency 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 59 year old male, who sustained an industrial injury on 10-1-1990. The medical records indicate that the injured worker is undergoing treatment for chronic pain, cervical radiculitis, cervical sprain-strain, lumbar post-laminectomy syndrome, lumbar radiculopathy, and depression. According to the progress report dated 8-11-2015, the injured worker complains of neck, upper extremity, and low back pain. On a subjective pain scale, he rates his pain 9 out of 10 with medications and 10 out of 10 without. The physical examination of the cervical spine reveals tenderness over C5-7. His range of motion is severely limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Examination of the lumbar spine reveals decreased sensitivity to touch along the L5-S1 dermatome in the bilateral lower extremities. Straight leg raise test was positive bilaterally. Examination of the upper extremities reveals tenderness to palpation over the left shoulder. The range of motion of the left shoulder was decreased due to pain (10 degrees). Motor examination shows marked decreased strength in the left upper extremity. The current medications are Amitriptyline, Flector patch, Oxycodone-Acetaminophen, Gabapentin, Bupropion, Clonazepam, Diazepam, Nuvigil, and Topiramate. There is documentation of ongoing treatment with Oxycodone-Acetaminophen since at least 3-17-2015. Treatment to date has included medication management, x-rays, trigger point injections, and surgical intervention. Work status is described as currently not working. The original utilization review (9-9-2015) partially approved a request for Oxycodone-Acetaminophen #90 (original request for #150) to continue with the previously established active weaning process. The request for 1 cervical collar was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Cervical collar: Upheld

Claims Administrator guideline: Decision based on MTUS Neck and Upper Back Complaints 2004.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back, Acute & Chronic, Cervical Collar.

Decision rationale: The requested 1 Cervical collar, is not medically necessary. CA MTUS is silent, and Official Disability Guidelines (ODG), Neck and Upper Back, Acute & Chronic, Cervical Collar, note not recommended after single-level anterior cervical fusion with plate. The use of a cervical brace does not improve the fusion rate or the clinical outcomes of patients undergoing single-level anterior cervical fusion with plating. Plates limit motion between the graft and the vertebra in anterior cervical fusion. The injured worker has neck, upper extremity, and low back pain. On a subjective pain scale, he rates his pain 9 out of 10 with medications and 10 out of 10 without. The physical examination of the cervical spine reveals tenderness over C5-7. His range of motion is severely limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Examination of the lumbar spine reveals decreased sensitivity to touch along the L5-S1 dermatome in the bilateral lower extremities. Straight leg raise test was positive bilaterally. Examination of the upper extremities reveals tenderness to palpation over the left shoulder. The range of motion of the left shoulder was decreased due to pain (10 degrees). Motor examination shows marked decreased strength in the left upper extremity. The current medications are Amitriptyline, Flector patch, Oxycodone-Acetaminophen, Gabapentin, Bupropion, Clonazepam, Diazepam, Nuvigil, and Topiramate. There is documentation of ongoing treatment with Oxycodone-Acetaminophen since at least 3-17-2015. The treating physician has not documented current post-fusion status. The criteria noted above not having been met, 1 Cervical collar is not medically necessary.

Oxycodone/Acet 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Oxycodone/Acet 10/325mg #150 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck, upper extremity,

and low back pain. On a subjective pain scale, he rates his pain 9 out of 10 with medications and 10 out of 10 without. The physical examination of the cervical spine reveals tenderness over C5-7. His range of motion is severely limited due to pain. Pain was significantly increased with flexion, extension, and rotation. Examination of the lumbar spine reveals decreased sensitivity to touch along the L5-S1 dermatome in the bilateral lower extremities. Straight leg raise test was positive bilaterally. Examination of the upper extremities reveals tenderness to palpation over the left shoulder. The range of motion of the left shoulder was decreased due to pain (10 degrees). Motor examination shows marked decreased strength in the left upper extremity. The current medications are Amitriptyline, Flector patch, Oxycodone-Acetaminophen, Gabapentin, Bupropion, Clonazepam, Diazepam, Nuvigil, and Topiramate. There is documentation of ongoing treatment with Oxycodone-Acetaminophen since at least 3-17-2015. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycodone/Acet 10/325mg #150 is not medically necessary.