

Case Number:	CM15-0063675		
Date Assigned:	04/09/2015	Date of Injury:	11/14/2006
Decision Date:	05/08/2015	UR Denial Date:	03/30/2015
Priority:	Standard	Application Received:	04/03/2015

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: New Jersey

Certification(s)/Specialty: Family Practice

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 54 year old female, who sustained an industrial injury on 11/14/06. She reported neck pain. The injured worker was diagnosed as having post cervical laminectomy syndrome, cervical disc disorder, bilateral shoulder pain, cervical radiculopathy and cervical pain. Treatment to date has included oral medications including opioids, activity restrictions, physical therapy, epidural steroid injections, steroid injection to shoulder joint, spinal fusion and left shoulder arthroscopy. Currently, the injured worker complains of neck pain with radiation down left arm rated 2/10 with medications. The injured worker noted OxyContin and Percocet decreased her pain to a tolerable level. Physical exam noted well healed cervical spine surgical scar, restricted cervical range of motion with tenderness at paracervical muscles, rhomboids and trapezius and restricted range of motion of bilateral shoulders. The treatment plan included refills of Omeprazole, Amitiza, Percocet, Naproxen and OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is a report of Oxycontin use contributing to an overall decrease in pain and improvement in function, as documented in the notes available for review. Although this report was given, there was no designation between effects from opioid use and other medication use such as naproxen on the pain levels. Also, there was no documented attempt to find a lower effective dose (wean attempt) which would be appropriate after using opioids chronically for some time now. Therefore, the current request for oxycontin 40 mg #90 will be considered medically unnecessary and weaning (at least an attempt to find a lower dose) is recommended.

Percocet 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone/acetaminophen Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. In the case of this worker, there is a report of Percocet use contributing to an overall decrease in pain and improvement in function, as documented in the notes available for review. Although this report was given, there was no designation between effects from opioid use and other medication use such as naproxen on the pain levels. Also, there was no documented attempt to find a lower effective dose (wean attempt) which would be appropriate after using opioids chronically for some time now. Therefore, the current request for

Percocet 10/325 mg #60 will be considered medically unnecessary and weaning (at least an attempt to find a lower dose) is recommended.