

Case Number:	CM13-0016576		
Date Assigned:	11/06/2013	Date of Injury:	06/11/1997
Decision Date:	05/12/2014	UR Denial Date:	08/21/2013
Priority:	Standard	Application Received:	08/26/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 64-year-old male who reported an injury on 06/11/1997. The mechanism of injury was not provided. Current diagnoses include status post 3 level cervical fusion, status post lumbar spine surgery, status post right ulnar nerve release, status post right rotator cuff surgery, left radial nerve injury, headaches, status post facet neurotomy of the cervical spine, multilevel neural foraminal encroachment, depressive disorder, chronic pain, and chronic radiculopathy. The injured worker was evaluated on 09/04/2013. The injured worker reported persistent pain with stiffness and activity limitation. Current medications include OxyContin 60 mg every 12 hours. Physical examination revealed tenderness at the AC joint on the left, limited range of motion of the left shoulder, tenderness at the right TMJ, decreased sensation in the C6-8 dermatomes, decreased sensation to light touch in the L4-S2 dermatomes, tenderness of the paracervical and facet capsules at C2-4, positive Faber's maneuver, positive Spurling's maneuver, and tenderness to palpation at L3-S1 facet capsules with secondary myofascial pain, triggering and spasm. Treatment recommendations included continuation of current medication.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 60MG QUANTITY 180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. As per the documentation submitted, the injured worker has utilized OxyContin 60 mg every 12 hours since 08/2012. Despite ongoing use of this medication, the injured worker continues to report persistent pain. There is no evidence of objective functional improvement as a result of the ongoing use of this medication. Satisfactory response to treatment has not been indicated by a decrease in pain level, increase in function or improved quality of life. There is also no frequency listed in the current request. Based on the clinical information received, the request is non-certified.