

Case Number:	CM13-0024346		
Date Assigned:	11/20/2013	Date of Injury:	06/21/2009
Decision Date:	01/23/2014	UR Denial Date:	09/06/2013
Priority:	Standard	Application Received:	09/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Family Practice and is licensed to practice in California. 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 physician 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 patient is a 54-year-old male who reported an injury on 12/01/2010 when he was reported to be on top of a patio cover trying to demolish it and was at the edge using a pry bar when a 4 by 4 fell back into place and pulled him over the edge headfirst. He is reported to have hit the ground and lose consciousness. The patient is noted to complain of frequent migraine headaches, chronic neck pain with left shoulder pain, and chronic low back pain. The patient is noted to have treated conservatively with physical therapy and medications. He is noted to have undergone a left shoulder arthroscopic surgery on 08/20/2011. The patient is noted to continue to complain of ongoing low back pain with no significant changes, cervical spine, and shoulder pain on the left side. The patient is noted to have been treating with prescribed OxyContin on 07/10/2013 and was given refills for hydrocodone for pain and Prilosec for GI upset related to medication use. On physical exam, the patient is noted to have tenderness and spasms of the lumbosacral spine with ongoing L4-5 and L5-S1 radiculopathy on the left. The patient is noted to continue to treat conservatively with trigger point injections and is reported to have been planned for a knee surgery. A clinical note dated 08/07/2013 signed by [REDACTED] reported that he was trying to reduce the patient's OxyContin over the next several months and noted he would be able to start a detoxification program once his knee surgery is completed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

Decision rationale: The patient is a 54-year-old male who reported an injury on 12/01/2010 when he was demolishing a patio cover and fell off injuring his left shoulder, neck, and lumbar spine. He is noted to have treated conservatively with physical therapy, chiropractic therapy, and medications. He is noted to have undergone a left shoulder surgery in 2011 and to have continued ongoing complaints of neck pain with frequent headaches and low back pain with radiation of pain to his right lower extremity. The patient is noted to have been prescribed OxyContin 80 mg twice a day for treatment of his chronic pain. The California MTUS states that there should be ongoing review and documentation of the patient's response to opioid narcotics including documentation of pain relief, functional status, appropriate medication use, or side effects. There is no documentation that the patient receives pain relief with the use of the OxyContin and there are no reports of improvement in functional status. In addition, the patient is noted to take multiple other medications including Ultram for long-term pain relief and Norco for breakthrough pain. Without documentation of ongoing review of the patient's functional improvement or improved pain with the use of OxyContin, the requested OxyContin does not meet Guideline recommendations. Based on the above, the request for OxyContin 80 mg #60 is neither medically necessary nor appropriate.