

Case Number:	CM13-0033187		
Date Assigned:	01/03/2014	Date of Injury:	12/03/2001
Decision Date:	04/18/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/09/2013

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 Family Practice and is licensed to practice in Texas. 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 patient is a 44-year-old female who reported an injury on 12/03/2001. The mechanism of injury was not provided. The patient's medication history has included diclofenac sodium, OxyContin, and Kadian since January of 2013. The patient's average pain without medications is 10/10 and with medications is 4/10 to 5/10. It was indicated that the medications were keeping the patient functional allowing for increased mobility and tolerance of activities of daily living and home exercises. No side effects were noted to be associated with the medications; however, the patient was noting constipation and over-the-counter remedies were not successful. The patient's diagnoses were noted to include mechanical comp nervous system device implant and graft, tendinitis in the left hand and right wrist, history of bilateral carpal tunnel release, cervical radiculopathy and degeneration of cervical intervertebral disc. The request was made for renewal of medications. The patient was noted to be CURES appropriate and the patient scored a 1 on the opioid risk tool. The patient was noted to be monitored with urine drug screens.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 60MG XR 12H-TAB #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, MEDICATIONS FOR CHRONIC PAIN, ONGOING MANAGEMENT, OPIOIDS, 60, 78, 86

Decision rationale: The California MTUS guidelines recommend opiates for chronic pain; however, there should be documentation of an objective improvement in function, an objective decrease in the VAS pain score, and evidence that the patient is being monitored for aberrant drug behavior and side effects. The cumulative dosing should not exceed 120 mg oral morphine equivalents per day. The clinical documentation submitted for review indicated the patient had an objective decrease in the VAS score and evidence that the patient was being monitored for aberrant drug behavior and side effects. The cumulative dosing would be 290 oral morphine equivalents per day and there was a lack of documentation of an objective improvement in function. Therefore, the requested OxyContin is not medically necessary or appropriate at this time.