

Case Number:	CM13-0049068		
Date Assigned:	02/20/2014	Date of Injury:	05/20/2004
Decision Date:	06/09/2014	UR Denial Date:	10/29/2013
Priority:	Standard	Application Received:	11/07/2013

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 Anesthesiology and is licensed to practice in California and Nevada. 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 40 year old female injured on 05/20/04 due to repetitive tasks. The specific injury sustained was not documented for review. Current diagnoses included degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, and thoracic outlet syndrome. Clinical note dated 11/22/13 indicated the patient presented complaining of bilateral neck pain, right greater than left, described as constant burning sensation with intermittent stabbing pain. The patient also reported headaches with photosensitivity. The patient described associated upper extremities weakness, heaviness, numbness, and tingling right greater than left. Medications included oxycontin, gabapentin, Mobic, omeprazole, Trazadone, and Restone.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 OXYCONTIN ER 80MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain subsection under Medication/Oxycontin.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

Decision rationale: As noted on page 77 of the Chronic Pain Medical Treatment Guidelines, patients must demonstrate functional improvement in addition to appropriate documentation of ongoing pain relief to warrant the continued use of narcotic medications. There is no clear documentation regarding the functional benefits or any substantial functional improvement obtained with the continued use of narcotic medications. The documentation indicates the patient reports worsening of pain symptoms and requests for increase in narcotic medications. As the clinical documentation provided for review does not support an appropriate evaluation for the continued use of narcotics as well as establish the efficacy of narcotics, the request for 60 Oxycontin ER 80mg is not medically necessary.