

Case Number:	CM13-0049431		
Date Assigned:	12/27/2013	Date of Injury:	07/01/2009
Decision Date:	03/11/2014	UR Denial Date:	10/07/2013
Priority:	Standard	Application Received:	11/07/2013

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 Physical Medicine and Rehabilitation, has a subspecialty in Pain Management 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:

This is a 39 year-old male who was injured on 7/1/09. He has been diagnosed with severe discogenic disease of the c-spine with nerve impingement with spinal stenosis and radiculopathy causing hypesthesia of both arms; Thoracic radiculopathy with DDD; s/p MBB on 2/10/12. There is a 10/7/13 UR letter from [REDACTED] that partially certified the request for OxyContin 40mg, 4 tablets BID #240, to allow #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg QTY: 180.00: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section Opioids Page(s): 76-8, 88-89.

Decision rationale: The patient has been on OxyContin 40mg 4 tablets BID since at least 3/6/13. The 7/30/13 medical report from [REDACTED] states the patient is tired of being on pain medications and requests to cut down on medications, but the physician keeps him at the same dosage. The 8/27/13 report states the pain levels stay at 7-8/10 even with medications. The 9/23/13 report continues with the same dosage. There is no discussion of pain reduction, or

functional improvement or improved quality of life with use of the OxyContin. This is not a satisfactory response and MTUS does not recommend continuing treatment that does not provide a satisfactory response. Furthermore, the patient requested cutting back on the pain medications and according to MTUS, this is an adequate reason to discontinue opioids. The continued use of a medication for pain, that is not producing a satisfactory response, is not in accordance with MTUS guidelines.