

Case Number:	CM13-0055889		
Date Assigned:	12/30/2013	Date of Injury:	01/25/1996
Decision Date:	03/27/2014	UR Denial Date:	10/16/2013
Priority:	Standard	Application Received:	11/21/2013

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 & Rehabilitation, has a subspecialty in Pain Medicine, 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 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 49-year-old female patient who reported an injury on 01/25/1996 and the mechanism of injury was attributed to performance of customary job duties. Other therapies include 12 sessions of cognitive behavioral therapy with some functional improvement. Medications include OxyContin, Wellbutrin XL, Vicodin, Oxycodone, and Ambien. The patient reported having had lumbar ESIs in the past with some benefit. The patient reportedly has been treated with opioids over a prolonged period of time without titration of the dosing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Page(s): 22, 67-68, 80-82. Decision based on Non-MTUS Citation Official Disability Guidelines Pain Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines section on Oxycodone Page(s): 92, 97.

Decision rationale: The MTUS Chronic Pain Guidelines state "Oxycodone controlled release (OxyContin®): controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is

needed for an extended period of time. Oxycontin tablets are not intended for use as a prn analgesic." The MTUS Chronic Pain Guidelines do recommend Oxycontin for the management of moderate to severe pain but tapering should be individualized. According to the medical records provided for review, the patient has been treated with opioids over a prolonged period of time without titration; thus, the requested medication does not meet medical necessity based on information presented. As such, the request is not medically necessary and appropriate.