

Case Number:	CM13-0060219		
Date Assigned:	12/30/2013	Date of Injury:	11/04/2009
Decision Date:	04/29/2014	UR Denial Date:	11/20/2013
Priority:	Standard	Application Received:	12/03/2013

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 Florida. 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:

This is a 50-year-old male with date of injury on 11/04/2009 when he fell and hit his head and shoulder. He has had chronic neck pain since the injury and is found to have a significant spinal cord injury. He has had surgical procedures for his neck related to the injury. He has had significant co-morbidities directly related to the spinal cord injury. He has been on a stable regimen of medication for the last 2 years including both opioid and non-opioid therapy. The request is for Oxycontin ER 40mg three times a day (#90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 40mg, 1 tab 3 times a day #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Page(s): 74-96.

Decision rationale: The Expert Reviewer's decision rationale: The patient has had a severe spinal cord injury and many of the sequelae of disorders related to this injury. His chronic pain is treated in a multi-modality fashion, including non-opioid and opioid medicine. He has shown a consistent improvement in both function and pain scores on this regimen and has been well

documented. There are no signs of abuse and he is followed closely by his treating provider. He has been on a chronic, stable dose of medication for at least two years of records reviewed. The MTUS guidelines states that chronic opioid use is an option for chronic pain and since the claimant meets criteria in the MTUS guidelines and adequate documentation supports this use, the prior UR decision, should be reversed and the Oxycontin 40 mg three times a day (#90) is medically necessary.