

Case Number:	CM13-0064804		
Date Assigned:	01/03/2014	Date of Injury:	05/20/2004
Decision Date:	05/12/2014	UR Denial Date:	11/18/2013
Priority:	Standard	Application Received:	12/12/2013

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 Physical Medicine and Rehabilitation and is licensed to practice in Illinois. 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 injured worker is a 40-year-old female who reported an injury on 05/20/2004. The mechanism of injury information is not provided in the medical records. Review of the medical records reveals the injured worker's diagnoses include degeneration of cervical intervertebral disc, cervical disc displacement, cervical radiculitis, and thoracic outlet syndrome. The injured worker complains of neck and shoulder pain which she describes as sharp, stabbing, burning, and constant. The injured worker states the pain radiates into the bilateral shoulders. She has experienced headaches and paresthesia noted in the left and right hand. The injured worker has previously attempted the use of ice, NSAIDs, rest, and heat application to treat pain with some improvement. The injured worker has previously received physical therapy sessions. Physical examination on 11/22/2013, the most recent clinical note, reveals cervical spine range of motion was restricted in forward flexion, backward extension, right lateral tilt, left lateral tilt, and bilateral rotation. Upper extremity reflexes were 1+ in the right biceps. Upper extremity sensation to light touch was diminished over the C5 dermatome, over C6 dermatome as well. Motor strength was measured at 5/5 in all upper extremity groups. There was no significant swelling, erythema, or ecchymosis present. Left scapular winging was noted. Palpation showed no specific tenderness. Reflexes were equal and symmetrical bilaterally. The injured worker had full range of motion of elbow, wrist, and hand. Stability tests were all negative as well. The request is for OxyContin ER 80 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN ER 80MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS. Decision based on Non-MTUS Citation ODG, SECTION ON CHRONIC PAIN, SUBSECTION UNDER MEDICATION - OXYCONTIN

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 78.

Decision rationale: Per California MTUS Guidelines, it is stated that there should be ongoing review and documentation of pain relief and functional status with the requested medication. There is no documentation of the injured worker receiving any significant pain relief or increase in functional status with the use of the requested medication. The injured worker has been taking the requested medication for a significant amount of time, at least since 11/2006 with continued complaints of significant pain. As the request reads for 80 mg of OxyContin ER, if the injured worker is taking the medication twice daily, would be a morphine equivalent daily dosage of 240. Opiate doses exceeding morphine equivalent dose of 120 daily are not recommended. As the requested medication exceeds the recommended daily dose of morphine equivalents, and there is no documentation of any significant functional improvement or decrease in the injured worker's pain or signs and symptoms with the use of medication, continued use cannot be deemed as medically necessary. Therefore, the request for OxyContin ER 80 mg #60 is non-certified.