

Case Number:	CM13-0066843		
Date Assigned:	01/03/2014	Date of Injury:	04/14/1998
Decision Date:	04/21/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/17/2013

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 & Rehabilitation, 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 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 46-year-old female who reported an injury on 04/14/1998. The patient has been treated for neck and back pain with reported radiation of pain, numbness and weakness down both legs on the left side greater than the right. The patient has been taking Soma, Norco, and OxyContin which have provided pain relief and increased function. The patient stated she had a stimulator implanted in the past; however, it is not providing much pain relief currently and the patient is relying more on medications for relief of her discomfort. The patient was seen most recently on 10/07/2013 for pain in her left upper extremity, left lower extremity, both rated as a 5/10 to 6/10. On this date, the patient stated that her spinal cord stimulator relieves about 50% of the pain in her upper extremity; however, it does not capture any of the pain in the left lower extremity which has been more bothersome and severe as of late. The patient was noted to be currently taking Soma 350 mg, Ambien CR 12.5 mg, Norco 5/325 mg, lidocaine patches 5%, Zofran 8 mg, Lidocaine topical cream 5%, Prevacid 30 mg, ibuprofen 800 mg, and OxyContin 30 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The clinical documentation submitted for review fails to provide objective information pertaining to the patient's pain relief with the use of this medication, to include side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant or nonadherent drug related behaviors. With multiple opioids being utilized, the MTUS Chronic Pain Guidelines recommend the use of urine drug screens to provide the physician with information pertaining to the patient's medication compliance as well as monitoring for effectiveness and for aberrant drug behaviors. The patient had previously been utilizing OxyContin 30 mg by mouth twice a day and was approved previously for 30 tablets without refills for weaning purposes. At this time, the physician has requested OxyContin 30 mg by mouth twice a day a total of 60 tablets. However, as the documentation has not provided any urine drug testing providing information pertaining to the above recommended uses of the urine drug screen, as well as a narcotic compliance sheet signed by the patient, the requested service cannot be considered medically necessary as the patient has not been noted to have received sufficient pain relief from the use of this medication. As such, the requested service is not medically necessary and appropriate.