

Case Number:	CM14-0000975		
Date Assigned:	01/22/2014	Date of Injury:	08/23/2001
Decision Date:	07/11/2014	UR Denial Date:	12/18/2013
Priority:	Standard	Application Received:	01/02/2014

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, 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 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 48 year-old male with a 8/23/01 date of injury. The exact mechanism of injury was not described. An appeal dated 12/27/13 states the patient has not yet taken Oxycontin therefore effectiveness cannot yet be documented. This is a new prescription and the oxycodone was previously discontinued because the patient was not having effective pain control. Diagnostic Impressions include right ankle reflex sympathetic dystrophy/complex regional pain syndrome, right lower extremity neuropathic pain, right ankle internal derangement. Treatment to Date: medication management and activity modification. A Utilization Review (UR) decision dated 12/18/13 modified the request for Oxycontin for 72 tablets. The request was modified from 90 tablets to 72 tablets because Oxycontin is indicated for continuous management of moderate to severe pain, not as an as needed medication. Additionally, there is no functional improvement noted to support the use.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 30MG #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The physician documents that the patient was having ineffective pain control from his prior opiate regimen. He had an exacerbation of his pain from the cold weather. He was switched from 15 mg Oxycodone to 30 mg Oxycontin. Since this is a new medication, it is not necessary to document functional improvement. Therefore, the request for Oxycontin 30 mg #90 was medically necessary.