

Case Number:	CM14-0008757		
Date Assigned:	02/12/2014	Date of Injury:	05/16/2000
Decision Date:	06/26/2014	UR Denial Date:	01/17/2014
Priority:	Standard	Application Received:	01/22/2014

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 Orthopedic Surgery, and is licensed to practice in Mississippi. 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 claimant is a 53-year-old male who was injured on May 16, 00. The mechanism of injury is not indicated. The most recent available progress of the review is dated December 16, 2013. The claimant is documented as presenting with pain levels on an average of 10/10 despite being on both Oxycodone and Oxycontin. Diagnoses include cervical spondylosis without myelopathy, sprain/strain of the neck, lumbar sacral neuritis or radiculitis, and myofascial pain/myositis. The combined immediately medications are taken as prescribed is 240. A subsequent clinical document dated January 16, 2014 is provided and indicates that the claimant continues to rate the pain as 10/10 at its worst of the last week, but 7/10 on average. The pain is described as constant. Current medications are documented as proponents, Lyrica, Oxycodone, Oxycontin, Biofreeze, pantoprazole, Docusate sodium, Terocin lotion, and Cyclobenzaprine. The documents reflected diminished cervical range of motion, diminished lumbar range of motion, and diminished strength with elbow extension bilaterally and wrist extension on the left. A neurosensory examination documents paresthesias the lateral aspect of the right leg and all digits of the right hand. Reflexes are documented as being normal and symmetric with the exception of the Achilles reflex which could not be elicited on either side. The clinician also documents increased level of utilization of medications. A single prescription for Oxycodone 30 mg, and Oxycontin 20 mg was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

PRESCRIPTION OF OXYCONTIN 20MG, #30: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (CRITERIA FOR USE), 76-80

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the ongoing use of opiate medications when pain is being controlled or there is documented functional improvement. The 120mg MED (morphine equivalent dose) ceiling is noted by the California Medical Treatment Utilization Schedule (CAMTUS) and dosages above this are recommended to be administered by a pain specialist. Based on the clinical documentation provided the claimant is tolerating medications well, there is evidence of pain control (although pain does significantly increase at times), and there is documentation of functional improvement. As such, the request is considered medically necessary.

PRESCRIPTION OF OXYCODONE HCL 20MG, #60: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS (CRITERIA FOR USE), 76-80

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

Decision rationale: The California Medical Treatment Utilization Schedule (CAMTUS) guidelines support the ongoing use of opiate medications when pain is being controlled or there is documented functional improvement. The 120mg MED (morphine equivalent dose) ceiling is noted by the California Medical Treatment Utilization Schedule (CAMTUS) and dosages above this are recommended to be administered by a pain specialist. Based on the clinical documentation provided the claimant is tolerating medications well, there is evidence of pain control (although pain does significantly increase at times), and there is documentation of functional improvement. As such, the request is considered medically necessary.