

Case Number:	CM14-0010437		
Date Assigned:	02/21/2014	Date of Injury:	07/30/2009
Decision Date:	06/25/2014	UR Denial Date:	01/07/2014
Priority:	Standard	Application Received:	01/27/2014

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 Physical Medicine and Rehabilitation, 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 male patient with the date of injury of July 30, 2009. A utilization review determination dated February 27, 2014 recommends non-certification of OxyContin 40 mg 1-2/day. The previous reviewing physician recommended non-certification of OxyContin 40 mg 1-2/day due to lack of documentation of the efficacy of prior treatment or ongoing use of opioids, efforts to decrease or discontinue opioids, a signed pain contract, and urine drug testing to confirm compliance. A Follow-up Pain Management Consultation identifies Interim History of despite his ongoing pain, he has been able to cut back on the amount of OxyContin he takes on a daily basis and is requesting to cut back even further. The patient continues to complain of neck pain, with associated cervicogenic headaches as well as pain radiating down to both upper extremities. Objective Findings identify tenderness to palpation along the posterior cervical musculature bilaterally with a decreased range of motion. Sensation is decreased along the posterolateral arms and forearms bilaterally in approximately the C5 and C6 distribution. There is tenderness to palpation bilaterally of the posterior lumbar musculature, with increased muscle rigidity. Assessment identifies lumbar myoligamentous injury with associated bilateral lower extremity radiculopathy, cervical myoligamentous injury with bilateral upper extremity radiculopathy and associated cervicogenic headaches, and s/p interbody fusion at L3-4, L4-5, and L5-S1 July 18, 2013. Treatment Plan identified is to decrease his OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

EXT MEDICATION OXYCONTIN 40 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-79, 120.

Decision rationale: Regarding the request for OxyContin, California Pain Medical Treatment Guidelines state that oxycodone is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, there is mention that the patient is requesting to cut back on OxyContin. However, there is no indication that the oxycodone is improving the patient's function or pain (in terms of percent reduction in pain or reduced NRS), no documentation regarding side effects, and no discussion regarding aberrant use. In the absence of such documentation, the currently requested OxyContin is not medically necessary.