

Case Number:	CM14-0017146		
Date Assigned:	04/14/2014	Date of Injury:	07/16/1999
Decision Date:	05/30/2014	UR Denial Date:	02/03/2014
Priority:	Standard	Application Received:	02/11/2014

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 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 injured worker is a 54-year-old female who reported an injury on 07/16/1999. The mechanism of injury was not stated. Current diagnoses include residual pain status post spinal cord stimulator placement and suture reaction. The injured worker was evaluated on 01/22/2014. The injured worker was 1 week status post permanent implantation of a spinal cord stimulator. The injured worker noticed an irritation in the upper wound with residual pain across the upper part of her back. Physical examination revealed well-healed wounds without any evidence of infection. Treatment recommendations included prescriptions for OxyContin and Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20MG, #90: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's The Pharmacological Basis of Therapeutics, 12th Edition, McGraw Hill, 2006; Official Disability Guidelines (ODG), www.odg-twc.com/odgtwc/formulary.htm.drugs.com.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS Chronic Pain Medical Treatment Guidelines 2009, pages 74-82.

Decision rationale: California MTUS Guidelines state a therapeutic trial of opioids should not be utilized until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. There was no evidence of a failure to respond to nonopioid analgesics. There is also no frequency listed in the current request. As such, the request for Oxycontin is not medically necessary.