

Case Number:	CM14-0017647		
Date Assigned:	04/16/2014	Date of Injury:	02/01/1999
Decision Date:	06/04/2014	UR Denial Date:	01/27/2014
Priority:	Standard	Application Received:	02/12/2014

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 Occupational Medicine, 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:

The patient is an employee at a supermarket who submitted a claim for neck and shoulder pain related to work-related injury on February 09, 1999. Treatment to date has included pain medications. Based on the medical records from February 2013 through March 2014, the patient has been experiencing chronic neck and shoulder pain. This was not relieved by pain medications, including Oxycontin 60mg, Percocet 10/325mg, and Duragesic patches 100mcg. These medications were prescribed even before the earliest progress note included in the records provided for review. On the progress note dated March 21, 2014, it was stated that the patient has decreased the intake of Oxycontin to 30mg every three hours. The patient claims that the pain medication does not help her, and that there is still increasing pain and soreness in her neck and arm.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 OXYCONTIN 60MG CR: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 85-92.

Decision rationale: The Chronic Medical Treatment Guidelines state that long term opioid use should be based on effectiveness, adverse effects, the effect on the patient's activities of daily living, and addiction or lack thereof. The medical records provided for review do not document the degree of pain relief provided by Oxycontin. They also did not provide details about the extent that it improves the patient's functioning, did not discuss side effects (if any), and did not provide evidence of monitoring of abuse or aberrant drug behavior. As such, Oxycontin cannot be recommended, and the request is not medically necessary.