

Case Number:	CM14-0115028		
Date Assigned:	08/04/2014	Date of Injury:	05/30/2000
Decision Date:	09/10/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/22/2014

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 Physical Medicine and Rehabilitation 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 injured worker is a 48-year-old male who reported an injury on 05/30/2000. The mechanism of injury was not provided. On 07/16/2014, the injured worker presented with left shoulder pain. Current medications include OxyContin, Norco, and Valium. The diagnoses were post laminectomy syndrome of the cervical region, cervical stenosis, chronic pain syndrome, low back pain, lumbar pain with radiculopathy bilaterally, left knee pain, degenerative disc disease of the cervical spine, arm pain, and elbow pain. Upon examination, there was decreased range of motion of the neck with tenderness to palpation and sensory deficits from C3-4. The injured worker ambulated with a steady antalgic gait without using any assistive devices but transferred slowly and independently into a chair. There were positive radicular symptoms in the arms. There was also decreased range of motion of the cervical spine due to pain. The provider recommended OxyContin 80 mg with a quantity of 240. The provider's rationale was not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release, Opioids for chronic pain, When to Discontinue Opioids, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, page(s) 78 Page(s): 78.

Decision rationale: The request for Oxycontin 80 mg #240 is not medically necessary. The California MTUS Guidelines recommend the opioid for the ongoing management of chronic pain. The Guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is a lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risk for aberrant drug abuse behavior, and side effects. Additionally, the provider's request does not indicate the frequency of the medication in the request as submitted. As such, the request for Oxycontin 80 mg #240 is not medically necessary.