

Case Number:	CM14-0128464		
Date Assigned:	08/15/2014	Date of Injury:	01/15/2004
Decision Date:	10/03/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 52-year-old gentleman was reportedly injured on January 15, 2004. The mechanism of injury is not listed in these records reviewed. The most recent progress note, dated July 28, 2014, indicates that there are ongoing complaints of neck pain, back pain, and bilateral upper extremity pain. The physical examination demonstrated tenderness along the cervical spine from C2 through C7 with muscle spasms. There was decreased and pain full cervical spine range of motion. Strength in the right and left arm was rated at 2-3/5. Examination of the lumbar spine noted tenderness with muscle spasms. There was a positive straight leg raise test at 45 and decreased sensation in the lower extremities. Diagnostic imaging studies were not reviewed during this visit. Previous treatment includes bilateral shoulder surgery, elbow surgery, a right ACL replacement, a lumbar fusion, a cervical fusion, and the use of a spinal cord stimulator. A request had been made for OxyContin 20 mg and was not certified in the pre-authorization process on July 15, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone immediate release (OxyIR capsule; Roxicodone tablets; gen.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

Decision rationale: The California MTUS Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin 20 mg is not medically necessary.