

Case Number:	CM14-0139012		
Date Assigned:	09/05/2014	Date of Injury:	10/01/2004
Decision Date:	09/30/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	08/27/2014

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 Emergency 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:

Patient reported a date of injury on 10/1/2004. Patient has a diagnosis of chronic pain syndrome, post-laminectomy syndrome, testicular hypo function, bilateral shoulder impingement, carpal tunnel syndrome and depression. Patient is post cervical fusion on 2/08, L shoulder arthroscopic procedure (12/07), R shoulder surgery and L carpal tunnel release (2/07). Medical reports were reviewed. Last report is available until 8/11/14. Patient complains of pan a back pain that is chronic and moderate-severe. Patient also complains of bilateral wrist and hand numbness from carpal tunnel syndrome. Pain is 9/10 associated with muscle spasms and whole body numbness. Oxycontin reportedly decreases pain by 20-30%. Objective exam reveals decreased sensation to both elbows to wrists; Antalgic gait; Positive Tinel and Phalen's in bilateral wrists; Positive Hoffmans. Urine drug screen (12/12/13) was negative except for Lorazepam and on 7/8/14 was appropriate except for Lorazepam. Medication list include Simvastatin, Sertraline, Terbinatine, Celebrex, Oxycodone, Lisinopril, Lorazepam, Lorzone and Claritin. Independent Medical Review is for Oxycontin IR 15mg #180. Prior UR on 8/22/14 recommended modification of Oxycontin to #76 tabs for weaning purposes.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin IR 15mg, #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Oxycontin, When to Continue).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 76-78.

Decision rationale: Oxycontin IR is an opioid. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Documentation meets criteria. As per report on 8/11/14, patient has 20-30% pain reduction lasting 4hrs, ADLs were assessed appropriate. Patient has no documented new adverse events except for well controlled constipation and hypogonadism. Urine drug screen and monitoring for abuse were appropriate. Prescription for Oxy IR is for maximum of 6 tablets a day leading to 180 tablet supply to last approximately 30 days. Documentation supports continued use of Oxycontin IR and the number of tablets prescribed is appropriate for close monitoring as per MTUS Chronic pain guidelines. The request for Oxycontin IR 15mg, #180 is medically necessary.