

<b>Case Number:</b>	CM14-0139098		
<b>Date Assigned:</b>	09/05/2014	<b>Date of Injury:</b>	07/21/2010
<b>Decision Date:</b>	11/03/2014	<b>UR Denial Date:</b>	08/15/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	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 Physical Medicine and Rehabilitation, has a subspecialty in Pain 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 injured worker is a 56 year-old male who was reportedly injured on July 21, 2010. The mechanism of injury is noted as a motor vehicle collision. The most recent progress note dated August 26, 2014, indicates that there are ongoing complaints of neck pain and that the injured employee continues to take Oxycontin. An orthopedic spine consultation was pending. The requesting provider took exception to the pre-authorization process. The physical examination from a prior clinical assessment demonstrated a 6'2", 210 pound individual with a decrease in cervical spine range of motion. The current physical examination noted sensory changes in the left upper extremity and a marked limitation to grip strength on the right. Diagnostic imaging studies objectified a small, cervical spine disc lesion. Previous treatment includes cervical epidural steroid injections, multiple medications, physical therapy, and pain management interventions. A request was made for multiple medications and was not certified in the pre-authorization process on August 15, 2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg ER 1 tab 2 X day #30 with 3 refills:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-78, 92.

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

**Decision rationale:** The progress note indicated a potential surgical lesion; however did not objectify where that lesion might be. Furthermore, the most recent progress note did not objectify any efficacy with the medication in terms of increased functionality or decrease pain complaints; quite the opposite in terms of a lack of pain control and improved functionality. 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 requesting provider failed to complete any of these tasks as noted in the guidelines. While noting that this is a 4-year-old injury, the clinical information presented in the progress notes fails to meet each of the criterions (functionality/improvement in pain complaints) necessary to establish continued use of this medication. The medical necessity cannot be established based on the progress notes presented.