

Case Number:	CM14-0163161		
Date Assigned:	10/08/2014	Date of Injury:	04/06/2001
Decision Date:	12/10/2014	UR Denial Date:	09/12/2014
Priority:	Standard	Application Received:	10/03/2014

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 & 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 66-year-old female who reported an injury on 04/06/2001. The mechanism of injury was not provided. She is diagnosed with chronic neck pain, status post lumbar fusion at L4-5 and L5-S1. Her past treatments included medications. No pertinent diagnostic studies were provided. On 08/26/2014, the injured worker reported persistent pain in her neck, low back, and hip joint. She indicated her medications were quite helpful; however, no pain scale was provided. Upon physical examination, the physician indicated she had reduced range of motion of her cervical and lumbar spine. Current medications included OxyContin 40 mg 3 times a day, OxyContin 20 mg as needed, and Neurontin 1200 mg 3 times a day. The treatment plan included pain medications. A request was received for OxyContin 40 mg TID #90 and OxyContin 20 mg PRN #40; however, the rationale was not provided. A Request for Authorization was not submitted.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for OxyContin 40 mg TID #90 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, aberrant medication risks, and side effects. The injured worker has been taking OxyContin since at least 04/2014. The documentation submitted for review does not indicate that the use of the opioid has helped her significantly with pain relief and increased ability to perform activities of daily living. There were no pain ratings provided at the time of her examination, therefore adequate pain relief and improved function have not been established. There were no urine drug screenings provided verifying appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with the medication use. Based on this documentation, continued use of OxyContin would not be supported by the guidelines. As such, the request is not medically necessary.

OxyConton 20mg PRN #40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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

Decision rationale: The request for OxyContin 20 mg PRN #40 is not medically necessary. The California MTUS Guidelines state that ongoing management of opioid use should include ongoing review and documentation of pain relief, functional status, appropriate medication use, aberrant medication risks, and side effects. The injured worker has been taking OxyContin since at least 04/2014. The documentation submitted for review does not indicate that the use of the opioid has helped her significantly with pain relief and increased ability to perform activities of daily living. There were no pain ratings provided at the time of her examination, therefore adequate pain relief and improved function have not been established. There were no urine drug screenings provided verifying appropriate medication use. Additionally, there was no mention if the injured worker had any side effects with the medication use. Based on this documentation, continued use of OxyContin would not be supported by the guidelines. As such, the request is not medically necessary.