

Case Number:	CM14-0169164		
Date Assigned:	10/17/2014	Date of Injury:	07/21/2010
Decision Date:	11/19/2014	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/14/2014

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 New York. 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:

This case involves a 56-year-old male who was injured on July 21, 2010. The patient continued to experience pain in his neck radiating down his left arm. Physical examination was notable for decreased sensibility to the left upper extremity with decreased motor function. Diagnosis included cervical strain. Treatment included medications, trigger point injections, and physical therapy. The patient was treated with Percocet and Norco with no relief of symptoms. Request for authorization for Oxycontin ER 20 mg #60 was submitted for consideration.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg ER #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Interventions Guidelines Page(s): 74-96.

Decision rationale: Oxycontin is an opioid medication. Chronic Pain Medical Treatment Guidelines state that opioids are not recommended as a first line therapy. Opioid should be part of a treatment plan specific for the patient and should follow criteria for use. Criteria for use include establishment of a treatment plan, determination if pain is nociceptive or neuropathic,

failure of pain relief with non-opioid analgesics, setting of specific functional goals, and opioid contract with agreement for random drug testing. If analgesia is not obtained, opioids should be discontinued. The patient should be screened for likelihood that he or she could be weaned from the opioids if there is no improvement in pain or function. It is recommended for short-term use if first-line options, such as acetaminophen or non-steroidal anti-inflammatory drugs (NSAIDs) have failed. In this case, the patient was prescribed the opioid Oxycontin in July 2014. The medication was not effective and did not provide analgesia; therefore, the criterion for opioid use has not been met. As such, this request is not medically necessary.