

Case Number:	CM14-0171745		
Date Assigned:	10/23/2014	Date of Injury:	02/12/1996
Decision Date:	12/02/2014	UR Denial Date:	10/06/2014
Priority:	Standard	Application Received:	10/17/2014

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 Med & 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 51 year old female with a date of injury on 2/12/1996. As per 10/8/14 report, she was being treated for neck, shoulders, and upper arm area pain. Her examination revealed tenderness to palpation, myofascial trigger points with twitch responses in the levator scapula, trapezius, and rhomboid muscles causing radiating pain to the posterior scapula and neck, trigger points in the lateral scapular muscles with severe spasms, limited range of motion of the left wrist, severe tenderness of the thoracic spine with significant muscle spasm, left upper extremity moderate amplitude tremor with increased minimal upper extremity activity, pain inhibited at 4/5 weakness in the left upper extremity and left shoulder and restrictions to physical activity. Current medications include Fentanyl spray, OxyContin, Clonazepam, Gabitril, Cymbalta, and Pennsaid solution. She previously had epidural steroid injections which did help, trigger point injections, and previous spinal cord stimulation without significant improvement. Oxycontin was titrated due to significant worsening of the pain and he does note marked increase in function and activity with its use. Opioid agreements are in place and the latest agreement was signed on 2/12/14. The state database is checked on a routine basis. Her last urine drug screen was obtained on 10/8/14. Her diagnoses include complex regional pain syndrome of left upper extremity, neck and upper thoracic region, cervical ankylosis with degenerative disc disease, thoracic ankylosis and kyphosis, left shoulder ankylosis; severe, opiate, pain management, spinal cord stimulation pain management, and pain-induced depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

Medication review for Oxycontin 20mg #270, as an outpatient for neck and left shoulder pain.: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 92.

Decision rationale: Per Chronic Pain Medical Treatment Guidelines, OxyContin is a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around the clock analgesic is needed for an extended period of time. OxyContin tablets are not intended for use as an as needed analgesic. Guidelines indicate "four domains have been proposed as most relevant for ongoing monitoring of chronic pain workers on opioids; pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. In this case, there is little to no documentation of any significant improvement in pain level (quantitative pain measurement, i.e. visual analog scale) or function with prior use to demonstrate the efficacy of this medication. The result of drug test is not clear. Furthermore, the frequency of Oxycontin is not specified. Oxycontin is approved for dosing of every 8 or 12 hours a day and more frequent dosing is not recommended. The requested number of Oxycontin is #270 which is indicative of every 4 or 6 hours dosing. Therefore, the medical necessity of the request for Oxycontin is not established.