

Case Number:	CM14-0181975		
Date Assigned:	11/06/2014	Date of Injury:	11/07/2000
Decision Date:	12/09/2014	UR Denial Date:	10/07/2014
Priority:	Standard	Application Received:	11/03/2014

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 Family Practice 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 63 year old male claimant who sustained a work injury on 11/7/2000 involving the neck. He was diagnosed with chronic pain syndrome and cervical strain. A progress note on 10/2/14 indicated the claimant had been on Buprenorphine but did not obtain pain relief. He was given: Oxycontin ER 40 mg TID and Oxycontin 15 mg TID. A physical exam or pain scale was not performed. He had been on Percocet previously. Prior examinations only stated no acute distress.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Oxycodone HCL 15mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, opioids are rarely beneficial for mechanical compressive etiologies. Chronic use opioids because requires a agreement for managing abuse potential and compliance. The combined use of Oxycodone and OxyContin exceeds the daily morphine equivalent maximum recommended by the guidelines. The continued

use of Oxycodone was also not supported by physical examination or pain levels. The Oxycodone as above is not medically necessary.