

Case Number:	CM14-0023768		
Date Assigned:	06/11/2014	Date of Injury:	10/04/1986
Decision Date:	07/15/2014	UR Denial Date:	02/18/2014
Priority:	Standard	Application Received:	02/25/2014

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 Medicine and is licensed to practice in Arizona. 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 patient is a 62 year old male with date of injury on October 4, 1986. The diagnoses include low back pain with radicular symptoms, chronic back pain, and cervical sprain with spondylosis, shoulder tendinopathies, and dyspepsia. Subjective complaints are of back pain 9/10, neck pain 6/10, and shoulder pain rated 8/10. The physical exam reveals a forward flexed posture, lumbar muscle tenderness and spasm, and altered sensation along the lateral calf and bottom of foot. There was limited cervical motion, left neck tenderness with compression, and intact upper extremity motor and sensory exam. An exam of the shoulders showed subacromial tenderness, and bilateral positive impingement signs. The medications include Oxycontin 60mg twice daily, Oxycodone IR 30mg 4 times per day, Neurontin, and Omeprazole. The office notes indicate that patient cannot function without the pain medications, and that medication helps with activities of daily living. The records also indicate that patient has been weaned from Oxycontin 80mg twice a day to 60mg twice a day, and that urine drug screens are consistent.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE IR 30 MG #120: Overturned

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

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

Decision rationale: The patient in question has been on chronic opioid therapy. The California Chronic Pain Guidelines has specific recommendations for the ongoing management of opioid therapy. Clear evidence should be presented about the degree of analgesia, level of activity of daily living, adverse side effects, or aberrant drug taking behavior. For this patient, the documentation shows stability on medication, increase functional ability, and no adverse side effects. Furthermore, the documentation is present of MTUS opioid compliance guidelines, including updated urine drug screen, attempts at weaning, and ongoing efficacy of medication. Therefore, the use of this medication is consistent with guidelines and is medically necessary for this patient.