

Case Number:	CM14-0026236		
Date Assigned:	06/13/2014	Date of Injury:	03/14/2003
Decision Date:	07/16/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/01/2014

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 and Rehabilitation, has a subspecialty in Sports Medicine 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 38 year old male who reported an injury on 03/14/2003. The mechanism of injury was not provided. The injured worker had an exam on 01/10/2014 with complaints of respiratory congestion and hypertension. The injured worker showed generalized tenderness along the spine and limited range of motion of spine and hips. He walked with a cane for stability. The diagnoses were rhinitis, bronchitis and status post laminectomy. His medication list was Norco, Prinivil, Oxycontin ,Flexeril, Adipex-P, Neurontin, Feldene and Levothyroxine. The request for authorization was signed on 02/21/2014. The rationale was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, When to Continue Opioids.

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

Decision rationale: The California guidelines state that four domains have been proposed as most relevant for monitoring ongoing chronic pain: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant drug-related

behaviors. The injured worker had an exam on 01/10/2014 for rhinitis and bronchitis. There was lack of documentation on pain level scale and pain assessment, or any pain relief. There was lack of documentation of urine drug screens and there was no mention of psychosocial evaluation. There is no frequency within the request and if this is a 30 day supply the MED would exceed guideline recommendation for no more than 120mg. The request for Oxycontin 40mg #90 is not medically necessary.