

Case Number:	CM14-0030478		
Date Assigned:	06/20/2014	Date of Injury:	05/23/1995
Decision Date:	08/11/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/10/2014

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 Anesthesiology, has a subspecialty in Pain Medicine, and is licensed to practice in California and Nevada 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 female who sustained an injury on 5/23/95. No specific mechanism of injury was noted. The injured worker has been followed for chronic moderate to severe upper back, neck, and bilateral shoulder pain. The injured worker has been managed with multiple medications to include Oxycontin 40mg taken three times daily as well as Valium 10mg twice daily for spasms. The injured worker has had prior consistent urine drug screens for both medications. The injured worker was seen on 12/10/13 with continuing complaints of pain in the mid-back, neck, and shoulders. Pain scores were not documented. There was limited range of motion in the bilateral shoulders with decreased sensation throughout the upper extremities. The injured worker reported pain with cervical range of motion and there were noted trigger points within the upper back musculature. Follow up on 02/10/14 noted unchanged symptoms. Physical examination findings again noted no specific pain scores. Otherwise, there were no changes present. Medications were continued at this visit. A later portion of the report indicated that pain scores with medications were 4/10 on the visual analogue scale (VAS) which was reduced from 10/10 on the visual analogue scale (VAS). The injured worker felt that she would be unable to function without pain medications and there were no side effects reported. The injured worker did describe functional improvement with the continuing use of narcotic medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90 refill 1: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88-89.

Decision rationale: The injured worker was exceeding guideline recommendations regarding the maximum amount of narcotics to be taken in one day. Guidelines would recommend a dosage equal to or below 120mg morphine equivalent dosage (MED) per day. The current request exceeds this amount. Therefore, the request is not medically necessary.