

Case Number:	CM14-0031513		
Date Assigned:	06/20/2014	Date of Injury:	02/10/2002
Decision Date:	08/13/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	03/12/2014

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 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 49-year-old male who reported an injury on 02/10/2002 due to an unknown mechanism of injury. The injured worker reportedly sustained an injury to his neck, low back, and left knee. The injured worker was evaluated on 12/19/2013. It was documented that the injured worker had chronic pain for approximately 14 years that was managed with medications to include Neurontin, Cialis, OxyContin, Ambien, and Vicodin. It was documented that the injured worker had 10/10 pain without medications and was not able to participate in activities of daily living or sleep. A request was made for a pain management consultation and a refill of medications. However, no justification for the request was provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription of Oxycontin 30 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The requested prescription of OxyContin 30 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the

ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 10/10 pain without medications with a reduced ability to function and sleep. However, a quantitative assessment of pain relief with medications was not provided. Additionally, the clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of OxyContin 30 mg #60 is not medically necessary or appropriate.

Retrospective prescription of Oxycontin 30 mg #60 1/8/2014 and 1/8/2014: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management, page(s) 78 Page(s): 78.

Decision rationale: The requested prescription of OxyContin 30 mg #60 is not medically necessary or appropriate. California Medical Treatment Utilization Schedule recommends the ongoing use of opioids in the management of chronic pain be supported by documentation of functional benefit, evidence of pain relief, managed side effects, and evidence that the patient is monitored for aberrant behavior. The clinical documentation submitted for review does indicate that the injured worker has 10/10 pain without medications with a reduced ability to function and sleep. However, a quantitative assessment of pain relief with medications was not provided. Additionally, the clinical documentation submitted for review does not provide any evidence that the injured worker is monitored for aberrant behavior. Furthermore, the request as it is submitted does not clearly identify a frequency of treatment. In the absence of this information the appropriateness of the request itself cannot be determined. As such, the requested 1 prescription of OxyContin 30 mg #60 is not medically necessary or appropriate.