

Case Number:	CM14-0042268		
Date Assigned:	08/29/2014	Date of Injury:	08/08/2001
Decision Date:	10/02/2014	UR Denial Date:	02/25/2014
Priority:	Standard	Application Received:	03/14/2014

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 Texas. 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 60 year old male who sustained an injury on 08/08/01. No specific mechanism of injury was noted. The injured worker was followed for complaints of chronic neck pain radiating to the upper extremities following a prior cervical fusion. The injured worker was maintained on narcotic medications, anti-inflammatories and Ambien. The injured worker wished to discontinue Oxycontin extended release formulation narcotics in the past due to side effects. As of 02/03/14 the injured worker reported his pain 6/10 visual analog scale (VAS). The injured worker reported that 60% of his pain was reduced with this medication which allowed him to be functional. On physical examination there was continued tenderness and spasms throughout the cervical musculature without any clear neuropathic findings in the upper extremities. The injured worker was continued on Oxycontin for long acting pain relief and Percocet for breakthrough pain. Other medications included Voltaren and Ambien. Urine drug screen records from May or March of 2014 were consistent with narcotics use. As of 03/03/14 pain scores remained unchanged. The injured worker wished to wean off of narcotic medications. Physical examination remained unchanged. Recommendation was for functional restoration program to help the injured worker wean off pain medications and improve overall function. The requested Oxycontin 20mg #30 was denied by utilization review on 02/26/14.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN TAB 20MG CR, DAYS SUPPLY: 30 QUANTITY: 30: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use, Page(s): 88-89.

Decision rationale: In regards to OxyContin 20mg CR #30, this reviewer would have recommended this medication as medically necessary. The injured worker was utilizing OxyContin as a break as a baseline pain control medication which resulted in 30% improvement of overall symptoms. The clinical documentation submitted for review noted that the injured worker was functionally improved with this medication and had been compliant in regards to use based on urine drug screen results. The injured worker was recommended to attend a functional restoration program in order to facilitate weaning from this medication. It appears that the injured worker was in agreement with this plan. Given the recommendations for further weaning through a functional restoration program and as the clinical documentation submitted for review noted clinical efficacy of this medication this reviewer would have recommended continuing use as medically appropriate.