MAXIMUS Federal Services

Case Number:	CM14-0045329		
Date Assigned:	06/27/2014	Date of Injury:	03/16/1996
Decision Date:	08/15/2014	UR Denial Date:	03/27/2014
Priority:	Standard	Application Received:	04/01/2014

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 & Rehabilitation and is licensed to practice in 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 77-year-old male who was reportedly injured on March 16, 1996. The mechanism of injury was not listed in these records reviewed. The most recent progress note dated March 17, 2014, indicated that there were ongoing complaints of low back pain, knee pain, and shoulder pain. Current medications include Percocet and OxyContin. The injured employee stated his pain level was 6/10 to 8/10. The physical examination demonstrated bilateral shoulder tenderness and range of motion of less than 90. Examination of the lumbar spine noted inability to extend. No specific physical examination was conducted of the knees. Percocet and OxyContin were recommended. Diagnostic imaging studies were not commented on. Previous treatment included right knee surgery and right shoulder surgery x 2, as well as knee and shoulder steroid injections A request had been made for Percocet and OxyContin and was not certified in the pre-authorization process on March 27, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg: 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): 74, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee was stated to have chronic pain; however, there was no documentation of improvement in the pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for OxyContin is not medically necessary.

Percocet 10/325mg: 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): 74, 78, 93.

Decision rationale: The California Medical Treatment Utilization Schedule Guidelines supports short-acting opiates for the short-term management of moderate to severe breakthrough pain. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee was stated to have chronic pain; however, there was no clinical documentation of improvement in the pain or function with the current regimen. As such, this request for Percocet is not medically necessary.