

Case Number:	CM14-0053605		
Date Assigned:	07/07/2014	Date of Injury:	08/01/1994
Decision Date:	09/05/2014	UR Denial Date:	03/31/2014
Priority:	Standard	Application Received:	04/22/2014

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 Neuromusculoskeletal Medicine, and is licensed to practice in Arizona. 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 patient is a 63-year-old female who sustained a work related injury on 8/01/1994 as a result of an unknown mechanism of injury. Since then, she has had chronic neck and thoracic pain with bilateral forearm and hand paresthesia with a history of carpal tunnel syndrome and myalgia. She reports continued aching, numbing and stabbing of her thoracic back and upper extremities. She reports her pain medication significantly helps her pain and allows her to be more functional. Her pain is 9/10 without medication and 2/10 with medication use. Her pain is worsened by walking, bending, and lifting with some improvement upon lying. On exam, she has trace upper extremity reflexes with upper extremity strength documented as 5/5. She has pain upon cervical range of motion and tenderness upon palpation over the cervical and thoracic paraspinal. Spurling's sign elicits pain into the upper trapezius and lateral aspects of her arms. There is apparent altered sensation in the forearms bilaterally with decreased sensation diffusely throughout her hands and fingers bilaterally. Plan of care is slow taper of the patient neuropathic and opioid pain medication, which includes the requested Oxycontin. In dispute is a decision for Oxycontin tab 20mg CR, 30 day supply, and quantity 90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 20mg CR day supply: 30 Qty: 90 Refills: 0: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone (Oxycontin).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Pain Intervention and Treatments Page(s): 92. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain (Chronic), OxyContin[®] (oxycodone).

Decision rationale: Oxycontin; Oxycodone immediate release. Oxycontin Tablets are a controlled release formulation of oxycodone hydrochloride indicated for the management of moderate to severe pain when a continuous, around-the-clock analgesic is needed for an extended period of time. Oxycontin tablets are not intended for use as an as needed (prn) analgesic. Due to issues of abuse and Black Box FDA warnings, Oxycontin is recommended as second line therapy for long acting opioids. The patient's physician desires a slow taper of the patient medication and this should occur to preclude development of withdrawal symptoms. This is medically necessary and should be authorized.