

<b>Case Number:</b>	CM14-0061033		
<b>Date Assigned:</b>	07/09/2014	<b>Date of Injury:</b>	02/12/1996
<b>Decision Date:</b>	09/10/2014	<b>UR Denial Date:</b>	03/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/01/2014

### 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 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 51 year old female who is reported to have sustained multiple injuries on 02/12/1996. The mechanism of injury is the claimant tripped and fell over an electrical wire, striking a metal filing cabinet in the upper back region as she descended to the ground. She is noted to have sustained injuries to her neck, back and left upper extremity. Multiple diagnoses include complex regional pain syndrome of the left upper extremity, neck and upper thoracic region, severe left shoulder ankylosis, cervical ankylosis with degenerative disc disease, cervical radiculopathy and cervicgia, thoracic ankylosis, kyphotic deformity, and thoracic outlet syndrome. The injured worker is noted to be status post spinal cord stimulator implantation performed in 2006. Current medications include Oxycontin 20 milligrams, Oxycodone 5 milligrams, Fentora mucosal 100 milligrams, Clonazepam 0.5 milligrams, Lexapro 15 milligrams, Duloxetine 60 milligrams, Pennsaid solution, and Tiagabine hydrochloride. The records include a utilization review determination in which a request for Oxycontin 20 milligrams quantity 210 was noncertified.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin 20mg #210:** Upheld

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

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opiates, pages 74-80 Page(s): 74-80.

**Decision rationale:** The records indicate that the injured worker has complex regional pain syndrome involving the left upper extremity, neck, and upper thoracic region. The injured worker has an implanted spinal cord stimulator which is provided to reduce neuropathic pain. The intent of spinal cord stimulation is to reduce or eliminate the need for injured workers to be on opiate medications. The record reflects that the injured worker is on multiple opiate medications of high doses. The record fails to provide substantive data which establishes that the use of Oxycontin 20 milligrams in the presence of other opiate medications and a spinal cord stimulator results in any substantive functional improvements. Therefore, based on the data provided, medical necessity has not been established for the continued use of this medication. The request for Oxycontin 20 milligrams quantity 210 is not medically necessary.