

<b>Case Number:</b>	CM14-0062641		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	09/22/1999
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/22/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/05/2014

### 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 Occupational Medicine 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 patient is a 59-year-old female who has submitted a claim for pain in joint shoulder and cervical disc displacement without myelopathy associated with an industrial injury date of September 22, 1999. Medical records from 2005 to 2013 were reviewed. The patient is status post 2 cervical spine surgeries, bilateral shoulder surgeries and carpal tunnel release surgeries. Physical examination of the cervical spine revealed tenderness to palpation along the cervical paraspinal muscles with muscle tension extending into the bilateral upper trapezius muscles. Range of motion of cervical spine I generally full but is decreased by about 20% with extension. Treatment to date has included Tizanidine HCl, Cymbalta, Oxycontin, Docusate sodium and Oxycodone HCl. Utilization review from April 22, 2014 denied the request for Oxycontin tab 60mg CR day supply: 30 qty: 60 refills: 00 because it does not meet established standards of medical necessity based on the information presented.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**Oxycontin tab 60mg CR day supply: 30 qty: 60 refills: 00: Upheld**

**Claims Administrator guideline:** The Claims Administrator did not cite any medical evidence for its decision.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; On-Going Management Page(s): 78-82.

**Decision rationale:** As noted on page 78-82 of the CA MTUS Chronic Pain Medical Treatment Guidelines, there is no support for ongoing opioid treatment unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Patient has been on this medication since at least January 2011. Progress notes indicate that the pain level is decreased, functionality in performing activities of daily living and house chores is increased, and patient is able to work with the pain medications. However, there has been no significant change in the patient's condition since December 2012. There is likewise no documentation of urine drug screens to monitor the patient's medication compliance. Also, additional refills are not indicated at this time, as continued functional improvement must be documented. Therefore, the request for Oxycontin tab 60mg CR day supply: 30 qty: 60 refills: 00 is not medically necessary.