

<b>Case Number:</b>	CM14-0066775		
<b>Date Assigned:</b>	07/11/2014	<b>Date of Injury:</b>	08/25/2009
<b>Decision Date:</b>	09/15/2014	<b>UR Denial Date:</b>	04/29/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/09/2014

### 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 and 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 42 year-old female who was reportedly injured on 8/25/2009. The mechanism of injury is not listed. The most recent progress note dated 4/17/2014 indicates that there are ongoing complaints of neck pain. The physical examination demonstrated cervical spine: positive cervical spasms. Positive tenderness to palpation cervical paraspinal muscles bilaterally C2-C7, positive facet joints. There was decreased range of motion with pain in all directions and positive cervical facet joint provocative maneuvers. Reflexes are 1 and symmetrical bilaterally in all extremities. Muscle strength 5/5 in all limbs no reason diagnostic studies are available for review. Previous treatment includes cervical fusion, medications, and conservative treatment. A request was made for OxyContin 20 mg and was determined not medically necessary in the pre-authorization process on 4/29/2014.

### IMR ISSUES, DECISIONS AND RATIONALES

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

**OxyContin (Oxycodone Hydrochloride Controlled-Release) Tab 20mg:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 75, 78, 92, & 97.

**Decision rationale:** 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 claimant suffers from chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request is not considered medically necessary.