

Case Number:	CM14-0071245		
Date Assigned:	07/14/2014	Date of Injury:	12/10/2002
Decision Date:	08/29/2014	UR Denial Date:	04/23/2014
Priority:	Standard	Application Received:	05/16/2014

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 Texas & Ohio. 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 65-year-old male who reported an injury on 12/2002 while moving a ladder when the ladder was hit by a scissor lift while performing his foreman duties, the scissor lift struck the ladder, 7 pound Makita drill fell from the ladder and struck the injured worker in the forehead. The injured worker's treatment history included MRI, x-ray, medications, spinal cord stimulator, psychological treatment, physical therapy treatment, and surgery. The injured worker was evaluated on 05/15/2014, and it was documented that the injured worker complained of burning sensation throughout the body. The injured worker's pain level was a 7 to 8 out of 10. Physical examination of the cervical spine revealed pain in his neck paraspinal muscles and range of motion was limited with flexion and extension and pain with rotation. Medications included Neurontin and OxyContin. The provider noted he takes OxyContin and Neurontin for his pain control. He has large areas of pain, numbness, and burning, which is only helped with his medications. He wants to continue with his medications. He does not do well with low dose. Current medication regimen was helpful and allows him to function. He tried to taper it down, but his pain gets so severe that he has difficulty with his activities of daily living. The provider failed to indicate outcome measurements of pain relief while injured worker is on opiate medication. Diagnosis included S/P cervical fusion C4-6, S/P head contusion, and S/P spinal stimulator - failed. The request for authorization or rationale was not submitted for this review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #270: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

Decision rationale: The California Medical Treatment Utilization Schedule (MTUS) Guidelines state that criteria for use for ongoing- management of opioids include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. There was lack of evidence of opioid medication management and average pain, intensity of pain, or longevity of pain relief. The provider failed to submit urine drug screen indicating opioids compliance for the injured worker. There was no outcome measurements of conservative measures indicated for the injured worker such as physical therapy or home exercise regimen for the injured worker. There was lack of documentation of long-term functional improvement for the injured worker. In addition, the request does not include the frequency or duration of medication. Given the above, the request for OxyContin 40 mg #270 is not medically necessary.