

Case Number:	CM14-0078399		
Date Assigned:	07/18/2014	Date of Injury:	04/06/2000
Decision Date:	09/23/2014	UR Denial Date:	04/30/2014
Priority:	Standard	Application Received:	05/28/2014

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 71 year-old male who was reportedly injured on 4/6/2000. The mechanism of injury is not listed. The most recent progress note dated 4/21/2014, indicates that there are ongoing complaints of neck pain, right shoulder pain, and low back pain. The physical examination demonstrated: antalgic gait. Right upper extremity 4/5, left upper extremity 5/5, and right lower extremity 4/5, and left lower extremity 5/5, muscle strength. No recent diagnostic studies are available for review. Previous treatment includes injections, medications, and conservative treatment. A request was made for OxyContin 80mg oversight 90 and was not certified in the pre-authorization process on 4/30/2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opiates.

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 neck, back, and right shoulder pain; however, the current documentation states the patient pain is rated 10/10 without medications and is improved to 6/10 with medications. After review of the medical records provided it is noted the injured worker was partially certified this medication request. Therefore this request is deemed a duplicate and is not medically necessary.