MAXIMUS Federal Services

Case Number:	CM14-0080393		
Date Assigned:	07/18/2014	Date of Injury:	10/09/1995
Decision Date:	09/16/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	06/02/2014

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 Family Medicine and is licensed to practice in Utah. 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 62 year-old female. The patient's date of injury is 10/9/1995. The mechanism of injury not stated in the clinical documents.The patient has been diagnosed with cervical brachial neuritis and postlaminectomy syndrome.The patient's treatments have included a home exercise program, and medications. The physical exam findings, dated Dec 4, 2013 show reflexes of the lower extremities decreased but equal. Cervical exam was noted with tenderness to palpation, with negative Spurling and Hoffmann's sign. Thoracic test was reported as normal. The lumbar test was reported as tender to palpation over the paraspinal muscles, with positive sitting leg raises on the right and the left. Her gait and posture were reported as normal. The patient's medications have included, but are not limited to, Senokot, Omeprazole, Oxycodone, OxyContin, and Topiramate.The request is for OxyContin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg XR12H #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 75-79.

Decision rationale: The clinical documents state that the patient was weaned from this medication. There were additional tablets given to finish the taper. According the patients pain scales, there has not be a significant improvement in the patients pain functionality.