

Case Number:	CM14-0083527		
Date Assigned:	07/21/2014	Date of Injury:	07/06/2001
Decision Date:	09/25/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/05/2014

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 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 records, presented for review, indicate that this 60-year-old individual was reportedly injured on July 6, 2001. The mechanism of injury was noted as a direct blow on top of the head. The most recent progress note, dated April 2, 2014, indicated that there were ongoing complaints of neck pain. The physical examination demonstrated normal range of motion. The patient exhibited no edema and no tenderness. Neurologically, she was alert and oriented to person, place and time. No neural deficits. No recent diagnostic studies were available for review. Previous treatment included injections, chemotherapy, decompression, cervical fusion, cervical stimulator implantation, medications, and conservative treatment. A request had been made for OxyContin 60 mg #120 and was not certified in the pre-authorization process on May 16, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin CR 60 mg, 120 count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation ACOEM 2004.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 75, 78, 92, & 97 of 127.

Decision rationale: The Chronic Pain Medical Treatment 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 the pain level or function with the current treatment regimen. Therefore, the request for Oxycontin CR 60 mg, 120 count is not medically necessary or appropriate.