

Case Number:	CM14-0089949		
Date Assigned:	09/26/2014	Date of Injury:	02/10/2002
Decision Date:	10/28/2014	UR Denial Date:	05/16/2014
Priority:	Standard	Application Received:	06/13/2014

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 Emergency Medicine and Fellowship, has a subspecialty in Emergency Medical Services and is licensed to practice in Texas. 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 49-year-old male who reported an injury on 02/10/2002. The mechanism of injury involved a fall. The current diagnoses include internal derangement of the left knee, discogenic lumbar condition, discogenic cervical condition, GI irritation, and elements of depression, weight gain, and hypertension. The injured worker was evaluated on 06/25/2014 with complaints of persistent severe pain. Previous conservative treatment is noted to include medications, bracing, activity modification, and physical therapy. Physical examination revealed an antalgic gait, limited lumbar range of motion, and painful facet loading maneuver. Treatment recommendations included continuation of the current medication regimen of Neurontin 600 mg, MS Contin 30 mg, OxyContin, Vicodin, Ambien 10 mg, Soma 350 mg, and Cialis 5 mg. There was no Request for Authorization form 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 #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids: Oxycontin-when to Discontinue, when to continue.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 74-82.

Decision rationale: The California MTUS Guidelines state a therapeutic trial of opioids should not be employed until the patient has failed a trial of nonopioid analgesics. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should occur. The injured worker has utilized this medication since at least 01/2014. There is no documentation of objective functional improvement. The injured worker continues to report persistent, severe pain. There is also no frequency listed in the request. As such, the request is not medically appropriate.