

Case Number:	CM14-0098345		
Date Assigned:	07/28/2014	Date of Injury:	02/08/2006
Decision Date:	09/30/2014	UR Denial Date:	06/16/2014
Priority:	Standard	Application Received:	06/26/2014

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 Anesthesiology, has a subspecialty in Pain Management and is licensed to practice in California. 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:

This is a 55-year-old female with a 02/08/2006 date of injury. A specific mechanism of injury was not described. 6/16/14 determination was modified for Oxycodone 15mg #30 and Oxycontin 20mg #60. It was noted that the medical necessity was established, however, the requests were modified to continue downward titration of medication. 7/24/14 medical report identified that pain has remained that same since last visit. There was neck pain radiating from the neck down to the left arm. Motor exam revealed 4-/5 grip strength bilaterally, wrist flexion is 4/5 bilaterally, wrist extension 4/5 bilaterally, elbow flexion 4/5 bilaterally, shoulder abduction 4/5 bilaterally. There were hyperesthesias present over the lateral forearm on both the sides; decreased light touch and hyperesthesia to left lateral forearm. OxyContin is prescribed for long acting pain relief and Oxycodone for breakthrough pain. The patient stated that is taking the medication as prescribed. She still had pain symptoms on continuous basis, but they were alleviated somehow by current meds. The patient is aware that the medication will not completely eliminate the pain. There was a discussion regarding opioid medications management. The regulations surrounding prescription of opioids and compliance at length Reported 6/20/13 urine toxicology exam was consistent with the patient's opioid medication. Diagnoses include disc disorder cervical and cervical radiculopathy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg tablet #90: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Page(s): 81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had chronic pain managed with medications including opioids. There was appropriate medication management including discussion with the patient of the regulations surrounding opioid use and a consistent urine test. It is also noted that while the medications provide relief, the patient continues with pain and she is aware that the medication will not completely eliminate the pain. The guidelines have been fulfilled for continued opioid management and therefore, the request was medically necessary.

Oxycontin 20mg tablet #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Page(s): 81.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines do not support ongoing opioid treatment unless prescriptions are from a single practitioner and are taken as directed; are prescribed at the lowest possible dose; and unless there is ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. The patient had chronic pain managed with medications including opioids. There was appropriate medication management including discussion with the patient of the regulations surrounding opioid use and a consistent urine test. It is also noted that while the medications provide relief, the patient continues with pain and she is aware that the medication will not completely eliminate the pain. The guidelines have been fulfilled for continued opioid management and therefore, the request was medically necessary.