

Case Number:	CM14-0173326		
Date Assigned:	10/24/2014	Date of Injury:	05/26/2009
Decision Date:	01/02/2015	UR Denial Date:	10/03/2014
Priority:	Standard	Application Received:	10/20/2014

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, has a subspecialty Neuromuscular Medicine and is licensed to practice in Maryland. 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 54 year old male who had a work injury dated 5/26/09. The diagnoses include left shoulder impingement; herpes zoster; recurrent shoulder dislocation; anxiety; hypertension; cervical radiculopathy; lumbosacral radiculopathy. Under consideration are requests for Oxycontin tab 20mg CR day supply 17, quantity 100, refills 0; Oxycodone tab 30mg, day supply 30, quantity 90, refills 0. There is an 8/11/14 document where the patient's physician states that unfortunately, being off work has caused the patient's psychiatric condition to deteriorate and he has had an increase in his pain. He continues to take the following medications, the antidepressants, Lexapro 20 mg (11/2) at night, Neurontin 300 mg twice a day and (3) at night, Abilify 5 mg a day to augment the effect of the antidepressant, Oxycontin 20 mg (3) times a day for pain, Oxycodone 30 mg every four hours for breakthrough pain. Arthrotec 75 mg twice a day for muscle spasms, Lunesta 3 mg as needed for sleep, Androgel 1.62% for stress induced hypotestosteronism, Levitra 20 mg as needed for stress induced sexual dysfunction, Nexium 40 mg a day and Zantac 300 mg for stress induced GERD. Per documentation a 9/15/14, progress note stated that the patient reported pain, spasm, and limited range of motion about the entire back and neck. The patient stated that he could not function and that current medications were not controlling his pain adequately.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 20mg CR day supply 17, quantity 100, refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): pages 79 and 80 of 127..

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: The guidelines state that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or significant improvement in pain therefore the request for Oxycodone tab 20mg CR supply 17 quantity 100 refills 0 is not medically necessary.

Oxycodone tab 30mg, day supply 30, quantity 90, refills 0: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 79 and 80 of 127.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78-80.

Decision rationale: The guidelines state that a satisfactory response to opioid treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. The MTUS does not support ongoing opioid use without improvement in function or pain. The documentation submitted reveals that the patient has been on long term opioids without significant functional improvement or significant improvement in pain therefore the request for Oxycodone tab 30mg, day supply 30, quantity 90, refills 0 is not medically necessary.