

Case Number:	CM14-0190529		
Date Assigned:	11/24/2014	Date of Injury:	05/25/1995
Decision Date:	01/09/2015	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/14/2014

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 Occupational Medicine, 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 51-year-old female with a 5/25/95 date of injury. According to a progress report dated 10/27/14, the patient continued to have significant pain and allodynia in her right distal lower extremity. She rated her pain as an 8/10 and stated that her functional impairment was severe. Her pain was more frequent, had a longer duration and the effectiveness of her medication was unchanged. She was scheduled to undergo Botox therapy for her myofascial shoulder area pain. Objective findings: patient presented with a right ankle brace, right foot allodynia, and right trapezius tenderness to palpation. Diagnostic impression: neuropathic lower extremity pain, myofascial pain. Treatment to date: medication management, activity modification, physical therapy. A UR decision dated 10/13/14 denied the request for Oxycontin. A specific rationale for denial was not provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg (Oxycodone HCL) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.24.2 Opiates Page(s): 78-81.

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. However, in the medical records provided for review, there is no documentation of significant pain reduction or improved activities of daily living. Guidelines do not support the continued use of opioid medications without documentation of functional improvement. In addition, there is no documentation of lack of aberrant behavior or adverse side effects, an opioid pain contract, urine drug screen, or CURES monitoring. Furthermore, given the 1995 date of injury, nearly 2 decades ago, the duration of opiate use to date is not clear. There is no discussion regarding non-opiate means of pain control, or endpoints of treatment. Therefore, the request for Oxycontin 20 mg (Oxycodone HCL) #60 was not medically necessary.