

Case Number:	CM14-0201596		
Date Assigned:	12/11/2014	Date of Injury:	08/15/2008
Decision Date:	01/30/2015	UR Denial Date:	11/10/2014
Priority:	Standard	Application Received:	12/02/2014

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:

The applicant is a represented [REDACTED] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of August 15, 2008. In a Utilization Review Report dated November 10, 2014, the claims administrator partially approved a request for OxyContin and denied a second prescription for OxyContin. The claims administrator referenced progress notes of October 7, 2014 and October 29, 2014 in its denial. The claims administrator posited that the applicant had failed to demonstrate improvement with prior OxyContin usage. The applicant's attorney subsequently appealed. In a pain management consultation dated November 18, 2011, the applicant was described as having undergone multiple prior cervical spine surgeries. Residual complaints of 8/10 neck pain were noted. The applicant was also status post earlier lumbar fusion surgery. The applicant was using OxyContin and Percocet for pain relief, it was acknowledged. The applicant was described as "disabled," it was suggested at this point in time, page 61. A multidisciplinary consultation as a precursor to a pain management program was suggested. On December 12, 2014, the applicant reported ongoing complaints of neck pain, low back pain, myofascial pain syndrome, chronic pain syndrome, mood disturbance, and sleep disorder. The applicant was still using Ativan, methadone, oxycodone, and OxyContin, it was acknowledged. The applicant was described as off of work on "temporary disability," it was suggested at this point in time. Multiple medications were refilled, including OxyContin, oxycodone, and Ativan. The attending provider stated that the applicant's continued usage of opioids was described as problematic. The applicant was apparently debating whether or not to pursue further cervical spine surgery. There was no explicit discussion of medication efficacy. On October 7, 2014, the applicant reported persistent complaints of neck pain. The applicant was trying to detoxify off of opioids. It was suggested that the applicant was using Suboxone to try and detoxify off of opioids. The

consulting provider, a spine surgeon, suggested that the applicant postpone further cervical fusion surgery until the applicant had successfully detoxified off of opioids. The applicant acknowledged that her pain complaints were severe and impacting her ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, #180 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant was/is off of work. The applicant is receiving both disability and indemnity benefits, it has been suggested. The applicant has apparently not worked in a span of several years. An earlier consultation in 2011 suggested that the applicant was not working as of that point in time. Multiple progress notes of late 2014 also noted that the applicant remained off of work. Several treating providers suggested that the applicant's ability to perform activities of daily living remained severely constrained, despite ongoing OxyContin usage. The applicant had, furthermore, been described as opioid dependent on several occasions. None of the applicant's providers have seemingly outlined any meaningful improvements in function or quantifiable decrements in pain achieved as a result of ongoing opioid therapy. All of the foregoing, taken together, does not make a compelling case for continuation of OxyContin. Therefore, the request was not medically necessary.