

Case Number:	CM14-0208937		
Date Assigned:	12/22/2014	Date of Injury:	01/15/2004
Decision Date:	02/12/2015	UR Denial Date:	11/21/2014
Priority:	Standard	Application Received:	12/15/2014

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 Family Practice 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 52-year-old male claimant sustained a work injury on January 15, 2004 involving the neck and back. He was diagnosed with cervical lumbar disk disease and underwent cervical spine surgery as well as an anterior lumbar interlock fusion. Yes received medial nerve branch blocks at a pain clinic. He developed a failed back surgery syndrome. He has been on OxyContin for pain as well as other opioids since 2005. A progress note on October 15, 2014 indicated he continues to have neck and back pain rating 6 - 7/10. Exam findings were notable for tenderness in the cervical and lumbar spine with spasms and a positive light rays at 45. He remained on the OxyContin 30 mg three times a day for pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, Oxycontin is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or

compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for over a decade without significant improvement in pain. Prolonged use results and diminished effect. The continued use of Oxycontin is not medically necessary.