

Case Number:	CM15-0018776		
Date Assigned:	02/06/2015	Date of Injury:	06/22/2001
Decision Date:	04/13/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	02/02/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Indiana, New York
Certification(s)/Specialty: Internal Medicine

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 injured worker is a 51 year old male, who sustained a work related injury on 6/22/01. The diagnoses have included carpal tunnel syndrome and cervical herniated nucleus pulposus. Treatment to date has included medication. In the PR-2 dated 10/23/14, the injured worker complains of cervical spine pain. He rates the pain a 6/10. He has bilateral hands numbness, tingling and weakness. The treatment plan is for a renewal of OxyContin prescription.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin ER 20mg # 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Oxycontin ER 20mg #60 is not medically necessary. Ongoing, chronic

opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. In this case, the injured worker's working diagnoses are cervical disc disease. The documentation indicates OxyContin ER was first prescribed July 1, 2014. In a November 25, 2014 progress note a refill for OxyContin was issued. Subjectively, the injured worker has a VAS of 6 with pain in the cervical spine, left upper extremity without numbness and tingling. Objectively, the physical examination documentation indicates "no changes". It is unclear how detailed a physical examination was given. There are no risk assessments in the record. There are no detailed pain assessments in the medical record. There is no objective functional improvement associated with ongoing OxyContin ER. Consequently, absent clinical documentation with objective functional improvement to gauge ongoing OxyContin ER's efficacy, absent ongoing pain assessments and a risk assessment, OxyContin ER 20 mg #60 is not medically necessary.