

Case Number:	CM15-0142482		
Date Assigned:	08/03/2015	Date of Injury:	08/19/1996
Decision Date:	09/01/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/22/2015

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

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 65 year old male patient who sustained an industrial injury on August 19, 1996. A recent pain management follow up visit dated June 17, 2015 reported the patient with subjective complaint of chronic neck, back and eye pain in the setting of cervical degenerative disc disease and cervical radiculopathy, post-surgery 1998. He is post oral surgery with infection complication requiring incision and drainage which caused severe headaches, neck and low back pain flare up. He will have to return for more dental surgery scheduled for July 09, 21015. His pain is so bad that without medication he is bed bound. He further states that the current pain regimen, activity restriction, and rest are keeping the pain within a manageable level allowing him to complete necessary activities of daily living. Current medications are: OxyContin, Norco, and Temazepam, Neurontin, and Voltaren gel. He reports stopping the use of Flexeril due to having blurred vision. The patient was diagnosed with the following: degeneration of lumbar or lumbosacral intervertebral disc; degeneration of cervical intervertebral disc; cervical radiculopathy (right arm, persistent status post two remote cervical surgeries on October 22, 2014); shoulder pain (chronic right shoulder pain), and chronic lower back pain. The recommendation is to continue with conservative measures, current medication regimen and follow up visit.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg #130: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, page(s) 74-96.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids with persistent severe pain for this chronic 1996 injury without acute flare, new injury, or progressive deterioration. The Oxycontin 40 mg #130 is not medically necessary and appropriate.