

Case Number:	CM15-0203613		
Date Assigned:	10/20/2015	Date of Injury:	05/07/1998
Decision Date:	12/01/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/16/2015

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: Arizona, California
 Certification(s)/Specialty: Family Practice

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 female, who sustained an industrial injury on 05-07-1998. A review of the medical records indicates that the worker is undergoing treatment for myalgia and myositis, cervical spondylosis, neuralgia, neuritis and radiculitis, opioid type dependence continuous, compression of brain and migraine. Subjective complaints (07-10-2015, 08-06-2015, 09-08-2015) included neck pain and headaches. Pain was rated as 5 out of 10 on average. Medications were noted to help, however there was no documentation as to the severity of pain before and after the use of OxyContin and there was no documentation of improved quality of life or objective functional improvement with use. Objective findings (07-10-2015, 08-06-2015, 09-08-2015) included neck pain with Spurling's maneuver and tenderness of the cervical spine, paracervical muscles and trapezius. Treatment has included Gralise, Lyrica, Celebrex, OxyContin SR (since at least 01-08-2015), cervical epidural injection, cervical facet radiofrequency ablation, Botox, chiropractic therapy and transcutaneous electrical nerve stimulator (TENS) unit. A utilization review dated 09-22-2015 modified a request for OxyContin SR 10 mg #120 to certification of OxyContin SR 10 mg SR #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin SR 10mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, dosing, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids for neuropathic pain, Opioids, steps to avoid misuse/addiction.

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. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Oxycontin for over 8 months. The amount of Oxycontin used has been reduced over time. Currently there is only a 2-point reduction in pain scores with its use. There was no mention of Tylenol, NSAID, Tricyclic or further weaning failure. The continued and chronic use of Oxycontin is not medically necessary.