

Case Number:	CM15-0021470		
Date Assigned:	02/11/2015	Date of Injury:	08/15/2008
Decision Date:	03/30/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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: New York, West Virginia, Pennsylvania
 Certification(s)/Specialty: Emergency 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 64 year old female who sustained an industrial related injury on 5/15/08. The injured worker had diagnoses of anxiety disorder, opioid dependence, psychalgia, depressive disorder, cervical spondylosis, cervical post-laminectomy syndrome, lumbar post-laminectomy syndrome, and chronic pain syndrome. Medications included Lorazepam, Methadone, Oxycodone, and OxyContin. The treating physician requested authorization for Oxycontin ER 40mg #45. On 1/23/15 the request was non-certified. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no documentation of functional improvement and a lack of information about the current physical and psychological status of the injured worker. There was a diagnosis of opioid addiction and long term use of the requested medication, therefore the request was non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin ER 40mg #45: Upheld

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

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

Decision rationale: Guidelines recommend opioids for short term pain relief and should be monitored for degree of pain relief, side effects, functional improvement, and signs of abuse. In this case, the clinical information provided does not describe functional improvement in the patient while taking opioids. In addition, the patient is diagnosed with opioid addiction and long term use of the opioid medications. Guidelines state that most chronic pain problems will not resolve while there is an active and ongoing prescription drug abuse. For all of these reasons, Oxycontin ER 40 mg #45 is not medically necessary and appropriate.