

Case Number:	CM15-0041429		
Date Assigned:	03/11/2015	Date of Injury:	09/25/2005
Decision Date:	04/21/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	03/04/2015

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: 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 51-year-old female, who sustained an industrial injury on 9/25/2005. She reported that a plant fell on her head and her right shoulder. The diagnoses have included cervical degenerative disc disease, cervical disc syndrome, cervical radiculopathy, cervical spinal stenosis, lumbar disc syndrome, lumbar radiculopathy and lumbar stenosis. Treatment to date has included physical therapy, chiropractic manipulation and medication. According to the progress report dated 1/20/2015, the injured worker complained of a work related injury to her neck and both shoulder points to the area around her trapezius and low back. She had radiation into both lower extremities to the ankle with numbness in the posterior aspect of the lower extremity. The treatment plan was for Oxycontin every 12 hours. Utilization Review on 2/10/15 modified the request for Oxycontin 20 mg #60 to #40 to allow for weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: According to the MTUS guidelines, long-term use of opioids is not recommended for chronic non-malignant pain. Furthermore, long-term use of opioids leads to dependence and tolerance. Additionally, the MTUS guidelines state that in order to support continued opioid use, there must be documented improvement in pain and function. In this case, the injured worker has been prescribed opioids for an extended period of time, and there is no indication of specific improvement in pain or function. The MTUS guidelines state that, "Opioid tolerance develops with the repeated use of opioids and brings about the need to increase the dose and may lead to sensitization. It is now clear that analgesia may not occur with open-ended escalation of opioids. It has also become apparent that analgesia is not always sustained over time, and that pain may be improved with weaning of opioids. (Ballantyne, 2006) (Ballantyne, 2003). "Opioids cannot be discontinued abruptly. The medical records indicate that modification has been rendered on Utilization Review to allow for weaning. The request for Oxycontin 20mg #60 is therefore not medically necessary.