

Case Number:	CM15-0041868		
Date Assigned:	03/12/2015	Date of Injury:	07/15/1996
Decision Date:	04/16/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	03/05/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 61 year old male, who sustained an industrial injury on 7/15/1996. The mechanism of injury was not noted. The injured worker was diagnosed as having postlaminectomy syndrome, lumbar region, and thoracic degenerative disc disease. Treatment to date has included surgical and conservative measures. Currently, the injured worker complains of chest pain "deep hurt", radiating to neck and jaw, single episode. Medications for pain included Oxycontin 40mg twice daily (for several years, per PR2 report 8/18/2014) and Gabapentin. No diagnostic reports were noted. Physical exam noted no significant distress and the injured worker did not appear to be in any pain. His blood pressure was elevated and oxygen saturation level was within normal limits.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Long-acting opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Pain Outcomes and Endpoints, p8, (2) Opioids, criteria for use, p76-80, (3) Opioids, dosing, p86.

Decision rationale: The claimant has a remote history of a work-related injury. He continues to be treated for a work-related injury occurring in 1996 and continues to be treated for chronic pain. The requesting provider documents improved function with increased light household activities when taking OxyContin. Guidelines indicate that when an injured worker has reached a permanent and stationary status or maximal medical improvement, that does not mean that they are no longer entitled to future medical care. When prescribing controlled substances for pain, satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life. OxyContin is a long acting opioid, used for the treatment of baseline pain. In this case, it is being prescribed as part of the claimant's ongoing management. There are no identified issues of abuse, addiction, or poor pain control. There are no inconsistencies in the history, presentation, the claimant's behaviors, or by physical examination. The total MED is less than 120 mg per day consistent with guideline recommendations. Therefore, the continued prescribing of OxyContin was medically necessary.