

Case Number:	CM15-0059482		
Date Assigned:	04/06/2015	Date of Injury:	09/29/2000
Decision Date:	05/05/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/30/2015

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: North Carolina, Georgia
 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 55 year old female, who sustained an industrial injury on 09/29/2000. She has reported injury to the low back, bilateral knees, and bilateral wrists/elbows. The diagnoses have included derangement medial meniscus; carpal tunnel syndrome; thoracic/lumbar neuritis/radiculitis; and chronic pain syndrome. Treatment to date has included medications, diagnostic studies, ice, TENS (transcutaneous electrical nerve stimulation) unit, physical therapy, and surgical intervention. Medications have included Soma, Oxycontin, Norco, and Relafen. A progress note from the treating physician, dated 02/19/2015, documented a follow-up visit with the injured worker. Currently, the injured worker complains of low back pain with radiation to the bilateral lower extremities, with numbness and tingling; bilateral knee pain; and bilateral upper extremity pain at the elbows and wrists. Objective findings have included tenderness to palpation in the bilateral lumbar paravertebral muscles, pelvic brim and junction, and bilateral sciatic notch. The treatment plan has included the request for Oxycontin 60 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as oxycontin, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not document any substantial functional improvement. Prior reviews have recommended weaning. Therefore, the record does not support medical necessity of ongoing opioid therapy with oxycontin and is not medically necessary.