

Case Number:	CM15-0063137		
Date Assigned:	04/09/2015	Date of Injury:	05/30/2000
Decision Date:	05/08/2015	UR Denial Date:	03/10/2015
Priority:	Standard	Application Received:	04/02/2015

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: Texas, Florida, California
 Certification(s)/Specialty: Preventive Medicine, Occupational 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 49-year-old male, who sustained a cumulative industrial injury from January 6, 2000 through June 2, 2000. He reported pain in the neck, upper extremities, back, buttocks and shoulders. The injured worker was diagnosed as having lumbar spinal stenosis. Treatment to date has included radiographic imaging, diagnostic studies, surgical interventions of the cervical spine, lumbar spine and right shoulder, epidural steroid injections, conservative care, medications and work restrictions. Currently, the injured worker complains of pain in the head, left arm, bilateral legs, left shoulder, thoracic spine, left knee, bilateral low back and bilateral ankles and feet. The injured worker reported an industrial injury in 2000, resulting in the above noted pain. He reported two injury, one with a five-foot fall and cumulative trauma with job duties. He reported running a jackhammer. He was treated conservatively and surgically without complete resolution of the pain. Evaluation on December 3, 2014, revealed continued pain. Pain medication was requested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: In this case, there was reported continued subjective pain since the injury 15 years ago. The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section that opiates should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. It notes that the opiates could continue if: (a) If the patient has returned to work. (b) If the patient has improved functioning and pain. There is no evidence that any of these criteria are being met now two years post injury. In regards to the long term use of opiates, the MTUS also poses several analytical questions such as has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. There especially is no documentation of functional improvement with the regimen. The request for long-term opiate usage is not certified per MTUS guideline review.