

Case Number:	CM15-0085799		
Date Assigned:	05/07/2015	Date of Injury:	07/12/1995
Decision Date:	06/10/2015	UR Denial Date:	04/11/2015
Priority:	Standard	Application Received:	05/04/2015

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 Jersey, New York
 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:

This is a 52 year old male with a July 12, 1995 date of injury. A progress note dated March 5, 2015 documents subjective findings neck pain; lower back pain; knee pain; pain rated at a level of 6/10; pain rated at a level of 10/10 without medications; pain rated at a level of 6-7/10 with medications), objective findings (decreased lordosis of the cervical spine; tenderness to palpation in the cervical spine and paraspinal muscle with minimal stiffness and spasm; tenderness of both knees, left worse than right; painful range of motion of the knees), and current diagnoses (chronic myofascial sprain and strain of the cervical spine with multilevel degenerative disc disease; osteoarthritis of both knees; lumbar/lumbosacral degenerative disc disease). Treatments to date have included medications, x-ray of the knee (showing osteoarthritis), magnetic resonance imaging (January 30, 2014 showing chronic myofascial sprain and strain and cervical degenerative disc disease), right knee arthroscopy, left knee arthroscopy, hot packs and ice packs, home exercise, and physical therapy. The medical record identifies that medications help control the pain. The treating physician documented a plan of care that included Oxycontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription of Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-79.

Decision rationale: The request is considered not medically necessary. There is no documentation of objective evidence of increase in functional capacity. There are no objective measures demonstrating decrease pain such as decrease in pain scores attributable to oxycontin alone rather than all his medications and what activities he is able to perform now. It was also documented not to have helped relieve pain for the patient. Regular recent urine drug screens are necessary given his long-term use of opiates to determine if aberrant behavior is suspected. Continued use of opiates is not medically necessary and current risks outweigh benefits.