

Case Number:	CM13-0003168		
Date Assigned:	12/04/2013	Date of Injury:	06/11/1981
Decision Date:	01/16/2014	UR Denial Date:	07/08/2013
Priority:	Standard	Application Received:	07/24/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Neurology has a subspecialty in Neuro-Oncology and is licensed to practice in Massachusetts, Ohio, and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient is a 69-year-old male who reported an injury on 06/11/1981. The patient has a previous surgical history of a lumbar fusion in 1982, shoulder surgery in 1977, and a cholecystectomy in 2012. The patient has been seen for on and off complaints of his back pain. In the most recent clinical notes dated 10/15/2013, the patient was noted as having joint stiffness and back pain. He was further noted as having some chronic spine flattening of the lumbar Lordosis due to scoliosis. The patient has been utilizing oral medications for numerous years to help relieve his ongoing chronic pain symptoms. The physician is now requesting OxyContin 20 mg, a total of 270 tablets; and methadone 10 mg, a total of 180 mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #270: 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): 74-96.

Decision rationale: