MAXIMUS Federal Services

Case Number:	CM14-0122957		
Date Assigned:	09/25/2014	Date of Injury:	07/07/2002
Decision Date:	10/27/2014	UR Denial Date:	07/09/2014
Priority:	Standard	Application Received:	08/04/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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:

There were 126 pages provided for this review. The application for the independent medical review was signed on August 4, 2014. It was for OxyContin 30 mg twice a day number 60. There was however a July 9, 2014 notice of non certification; the OxyContin was non certified. The peer review decision date was on July 9, 2014. Per the records provided, this is a 65-year-old female injured back in the year 2002, now about 12 years ago. The records reflect long-term opiate usage. There was an AME supplemental report from October 10, 2006. The diagnoses were musculoskeletal sprain of the neck and trapezius. There was an upper back strain and musculoligamentous strain of the lumbar spine. She was considered permanent and stationary. She should be allowed follow-up under future medical care with her treating physician for medicines and physical therapy as needed. Evaluation by spine surgeon should also be allowed. Short courses of physical therapy and medicine should be allowed. The patient had a past history of polio. There was an updated AME statement from January 18, 2008. She should be allowed follow-up with her treating physician for medicine and physical therapy. Further surgery is not anticipated at this time. Further epidural injection should also be allowed under future medical care. There was a November 25, 2013 progress report that notes that the patient has chronic cervical and scapular pain. Medicines were listed as a fentanyl patch 50g, Percocet and Soma. She has tried Neurontin in the past. She has generalized hyperreflexia, but it is symmetrical. There were no focal sensory deficits. The diagnosis was chronic cervical pain due to degenerative disc disease leading to an alleged left C6-C7 radiculopathy. There was a prior January 7, 2014 certification for Roxicodone. The intent of the authorization was to pursue weaning, so that the medicine could eventually be discontinued. It was changed from Percocet to Roxicodone due to a shortage of the Percocet medicine. As of June 26, 2014, she still had chronic left shoulder pain and lateral elbow pain and low back pain. She was status post stomach

bypass surgery and cannot take any nonsteroidal anti-inflammatory medicines. Since the prior review, from January 7 it appears that weaning of opiates occurred. It appears that the OxyContin though is a new prescription. Records do not document a significant flare.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 30mg Bid #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 88 of 127.

Decision rationale: In regards to Opiates, Long term use, the MTUS 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. Further, the records attest the patient had weaned for the medicine, and it is not logical why she would be restarted on opiates, given no flare. The request for long-term opiate usage is not certified per MTUS guideline review.