

Case Number:	CM14-0128204		
Date Assigned:	09/30/2014	Date of Injury:	10/26/1998
Decision Date:	11/10/2014	UR Denial Date:	08/07/2014
Priority:	Standard	Application Received:	08/12/2014

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 Physical Medicine & Rehabilitation, and is licensed to practice in Texas and Oklahoma. 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:

The injured worker is a 62-year-old male who reported an injury on 10/26/1998. The mechanism of injury is not provided. On 04/16/2014, the injured worker presented with neck and low back pain. Previous surgical history included a laminectomy. Upon examination, there was tenderness to palpation over the cervical spine with decreased range of motion. The diagnoses were degenerative disc disease of the lumbar spine, brachial neuritis, and postlaminectomy syndrome. Current medications included Norco, fentanyl, and Protonix. The provider recommended Oxycontin. The provider's rationale is not provided. The Request for Authorization form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin (Oxycodone Hydrochloride Controlled-Release) tab 30mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 82-83.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use Page(s): 78.

Decision rationale: The request for Oxycontin (oxycodone hydrochloride controlled-release) tab 30mg is not medically necessary. California MTUS Guideline recommend the use of opioids for

ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, proper medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, and evaluation of risks for aberrant drug abuse behavior and side effects. The efficacy of the prior use of the medication had not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity for OxyContin has not been established.