

Case Number:	CM14-0155088		
Date Assigned:	09/25/2014	Date of Injury:	07/30/2009
Decision Date:	10/27/2014	UR Denial Date:	08/20/2014
Priority:	Standard	Application Received:	09/22/2014

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 Family Practice 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:

40 year old male claimant sustained a work injury on 7/30/09 involving the neck and back. He had cervical radiculopathy, bilateral L5 radiculopathy and L2-L5 disc herniations. He underwent epidural steroid injections and ultimately fusions of L3-S1 on 7/18/13. He had undergone physical therapy and chiropractic interventions. A progress note on 8/8/14 indicated the claimant had continued neck and back pain. Exam findings were notable for reduced painful range of motion of the neck and back. There were numerous trigger points. Straight leg raise test was positive in the sitting position. The treating physician provided OxyContin 20 mg BID along with Norco 10 mg - 10 tablets daily for pain control.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 20 mg, sixty count: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 82-92.

Decision rationale: According to the MTUS guidelines, the daily morphine equivalent dosing should not exceed 120 mg daily. The claimant had been on a combined dose of Norco and

OxyContin equal to 160 mg. daily. The claimant was continuing to have pain and there was no significant improvement in function. According to the MTUS guidelines it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. The dose of OxyContin above is not medically necessary.