

Case Number:	CM14-0093763		
Date Assigned:	09/12/2014	Date of Injury:	04/16/2003
Decision Date:	10/16/2014	UR Denial Date:	06/14/2014
Priority:	Standard	Application Received:	06/20/2014

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 and Rehabilitation and is licensed to practice in Nevada. 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 records presented for review indicate that this 49-year-old gentleman was reportedly injured on April 16, 2003. The mechanism of injury is stated to be picking up a 200 pound roll of carpet placing it on his right shoulder. Current medications include ibuprofen, Xanax, Amitiza, and Colace, magnesium citrate, OxyContin, and Percocet. The most recent progress note, dated July 1, 2014, indicates that there are ongoing complaints of upper extremity pain worse on the right than the left side, neck pain, and low back pain radiating to the bilateral lower extremities. The physical examination demonstrated a positive Spurling's test and a normal upper extremity neurological examination. Diagnostic imaging studies of the lumbar spine revealed a fusion from L4-S1 and a posterior L5 laminectomy. There was loosening around the L4-L5 disk space with cystic changes suggesting a failed fusion. Previous treatment includes a right knee arthroscopy x 2, a lumbar spine fusion from L4 - S1, a lumbar spine laminectomy with retained hardware removal, and implantation of a spinal cord stimulator. A request had been made for OxyContin 30 mg and was not certified in the pre-authorization process on June 14, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30 mg, ninety count: 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): 75, 78, 92, & 97 of 127..

Decision rationale: The Chronic Pain Medical Treatment Guidelines support long-acting opiates in the management of chronic pain when continuous around-the-clock analgesia is needed for an extended period of time. Management of opiate medications should include the lowest possible dose to improve pain and function, as well as the ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. The injured employee has chronic pain; however, there is no documentation of improvement in their pain level or function with the current treatment regimen. In the absence of subjective or objective clinical data, this request for Oxycontin 30 mg, ninety count, is not medically necessary or appropriate.