

Case Number:	CM15-0118834		
Date Assigned:	07/08/2015	Date of Injury:	05/23/1995
Decision Date:	08/12/2015	UR Denial Date:	06/05/2015
Priority:	Standard	Application Received:	06/19/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

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 64-year-old female who sustained a repetitive industrial injury on 05/23/1995. The injured worker was diagnosed with chronic myalgia, myositis, chronic thoracic spine, neck pain, chronic brachial plexus lesion, and chronic shoulder joint pain. The injured worker is status post right shoulder surgery (no date/procedure documented). Previous treatments were not documented. According to the primary treating physician's progress report on May 22, 2015, the injured worker continues to experience upper back and neck pain with radiation to the bilateral shoulders and arms. The injured worker rates her pain level at 10/10 without medications and 3/10 with medications. The injured worker reports that Norco gives about 4 hours of relief and the Oxycontin about 8 hours of relief. Examination of the cervical and thoracic spine demonstrated tenderness with moderate pain with motion. Sensory, motor strength, balance and gait were within normal limits. Current medications are listed as Oxycontin 30mg every 8 hours, Hydrocodone 10/325mg every 4-6 hours, Aspirin 325mg as needed and Valium 10mg for spasm/sleep. Treatment plan consists of continuing with medication regimen and Oxycontin tab 30mg renewal.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 30mg, 30-day supply #90 with no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines
Page(s): 78 & 91.

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

Decision rationale: According to the MTUS guidelines, Oxycontin it is not indicated as first line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. Long Term-use has not been supported by any trials. In this case, the claimant had been on Hydrocodone along with Oxycontin in a combined daily dose that exceeds the 120 mg of Morphine equivalent recommended. Length of prior use was not provided. There was no mention of weaning or Tylenol failure. The continued use of Oxycontin is not justified and not medically necessary.