

Case Number:	CM15-0121211		
Date Assigned:	07/01/2015	Date of Injury:	08/21/1998
Decision Date:	08/05/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/23/2015

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: California

Certification(s)/Specialty: Emergency Medicine

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 41 year old female, who sustained an industrial/work injury on 8/21/98. She reported initial complaints of neck, head, shoulder, back, and right arm pain. The injured worker was diagnosed as having post laminectomy syndrome of cervical region, cervical degenerative disc disease, cervical facet arthropathy, and migraine headache. Treatment to date has included oral and topical medication and surgery (cervical spine x2 in 2001, 2002). Currently, the injured worker complains of continued neck, back, right arm pain as well as migraine headaches. Pain was rated 4-5/10 and described as burning, numbness, tingling, sharp, cramping, and pins and needles. Per the primary physician's progress report (PR-2) on 6/9/15, exam notes flexion at 30 degrees and extension at 10 degrees with pain in both directions of neck, the right side facet loading test is also positive, tender occiput, gait is slow with right antalgic, not able for heel toe walking, lumbar area is tender throughout with positive facet loading test, right shoulder decreased range of motion, lower than left shoulder, and slightly anxious. Current plan of care included pain management. The requested treatments include Oxycontin 30mg.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: 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): 78 of 127.

Decision rationale: The request is for the use of the medication Oxycontin which is in the opioid category. The patient's injury initially occurred in August of 1998. The MTUS guidelines state that for ongoing use of medications in this class, there are certain requirements necessary. This includes not only pain relief, but functional gains demonstrated or improvement in the quality of life. Also, monitoring measures should include pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. There is inadequate documentation of functional gains seen in this case justifying continued use. As such, the request is not medically necessary.