

Case Number:	CM15-0171277		
Date Assigned:	09/11/2015	Date of Injury:	12/27/1999
Decision Date:	10/15/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	08/28/2015

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 46 year old female who sustained an industrial injury on 12-27-99. Treatments include: medication, physical therapy and injections. Progress report dated 7-27-15 reports continued complaints of pain and discomfort in the cervical spine region. The pain is rated 6 out of 10 and daily activities cause the pain to increase. Diagnoses include: status post right carpal tunnel release, electronegative carpal tunnel syndrome on the left, right and left wrist strain and sprain, right and left shoulder strain and sprain with tendinitis impingement and cervical disk herniation with radiculitis radiculopathy. Plan of care includes: medications renewed; Oxycontin and norco and request pain management evaluation. Work status: permanent and stationary. Follow up in 4 weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 60mg CR day supply: 30 qty: 90 Rx date: 08/12/2015: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Oxycontin tab 60mg CR day supply: 30 qty: 90 Rx date: 08/12/2015 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has pain and discomfort in the cervical spine region. The pain is rated 6 out of 10 and daily activities cause the pain to increase. The treating physician has not documented duration of treatment, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Oxycontin tab 60mg CR day supply: 30 qty: 90 Rx date: 08/12/2015 is not medically necessary.