

Case Number:	CM15-0021632		
Date Assigned:	02/11/2015	Date of Injury:	08/18/1999
Decision Date:	04/14/2015	UR Denial Date:	01/13/2015
Priority:	Standard	Application Received:	02/05/2015

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: New York, West Virginia, Pennsylvania
 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 55-year-old male, who sustained an industrial injury on August 18, 1999. He has reported head, neck, low back and myofascial pain. The diagnoses have included lumbago, chronic neck pain, and posterior hip pain. Treatment to date has included medications, eye movement desensitization and reprocessing. Currently, the IW complains of neck, upper trapezii, low back, and right arm pain, with numbness of the right arm from the shoulder to the hand. He reports having 50% pain relief with medications. The records indicate in early June 2014, the treating provider tried to decrease his Oxycontin from 60 mg twice daily, down to 40 mg daily, and this proved too much for him. Physical findings are noted as decreased cervical and lumbar ranges of motion due to pain and tenderness. On January 13, 2015, Utilization Review modified certification of Oxycontin 60 mg 354, and non-certification of Oxy IR 15 mg #90. The MTUS, Chronic Pain Medical Treatment guidelines were cited. On February 5, 2015, the injured worker submitted an application for IMR for review of Oxycontin 60 mg #60, and Oxy IR 15 mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 60mg #60: 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): 73-85.

Decision rationale: Ongoing opioid use should include documentation of pain relief, functional status, appropriate medication use, and occurrence of any side effects. Satisfactory response to treatment is indicated by a decrease in pain or improved functionality. Oxycontin is not appropriate for this patient for pain control since clinical records show no change in his level of pain or any improvement in function. Currently, the patient is taking high doses of oxycodone and should have been weaned off by now. At this time the prescription for oxycontin 60 mg #60 is not medically necessary and warranted.

Oxy IR 15mg #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): 79-80.

Decision rationale: Guidelines recommend short-term use of opioids. In cases where opioids are used for longer, patients should be reassessed for how long the treatments have gone on, and the efficacy of the treatment. Oxy IR is not appropriate for this patient. Clinical records indicate that the patient has had no changes in pain levels or improvement in function from opioids. Currently the patient is taking high doses of oxycodone and weaning from Oxy IR has been recommended and should have been accomplished by now. Thus, Oxy IR 15 mg #90 is not medically appropriate and necessary.