

Case Number:	CM15-0099329		
Date Assigned:	06/01/2015	Date of Injury:	04/19/1999
Decision Date:	07/14/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	05/22/2015

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: Preventive Medicine, Occupational 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 57 year old male, who sustained an industrial injury on 4/19/99. Initial complaints were not reviewed. The injured worker was diagnosed as having lumbar sprain/strain; bilateral L5-S1 radiculopathy' depression and anxiety; multiple dental complaints.. Treatment to date has included status post ACDF C5-C6 and C6-C7 (1995-1996); acupuncture; urine drug screening; medications. Diagnostics included EMG/NCV upper extremities (3/3/10); MRI lumbar spine (2/5/10). Currently, the PR-2 notes dated 4/15/15 document the injured worker returns for complex pain management evaluations. He remains symptomatic with neck and upper back pain. The notes indicate the current dosage is 10mg every 8 hours. He has tolerated a decrease of Oxycontin 40mg to 20mg to 15 mg, to 10mg over the last four-five months. He states the trial of Soma for muscle spasms was helpful; however, it is cause sedation. He has increased pain over the cervical and upper thoracic spine. He denied any pain radiating down the upper extremities. He has significant spasms and complains of joint stiffness and reduction of range of motion. He continues to note muscle tightness and spasms He remains symptomatic with low back pain and right lower extremity numbness. He has had acupuncture in the past and was recently authorized to proceed with 8 weekly sessions. He is a status post anterior cervical discectomy fusion C5-C6 and C6-C7 in 1995 and 1996. He currently rates his pain as 3-4/10 with medications and 8-9/10 without. He is also prescribed Percocet 10/325mg twice a day PRN for breakthrough pain. The injured worker also notes 50% improvement in pain and in function with current medications regimen. He shows no signs of drug seeking behavior and is compliant per urine drug screening. An EMG/NCV study of the upper extremities showed evidence of

bilateral C6-C7 radiculopathy. He also has had a MRI of the lumbar spine that revealed a 5mm right paracentral disc protrusion at L5-S1 with radicular symptoms. The provider is requesting Oxycontin 10mg #90 for baseline pain control and notes the injured worker has reduced this amount for Oxycontin from 40mg every 8 hours.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone, Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 - 9792.26 Page(s): 74-94.

Decision rationale: The Chronic Pain Medical Treatment Guidelines state that continued or long-term use of opioids should be based on documented pain relief and functional improvement or improved quality of life. Despite the long-term use of Oxycontin, the patient has reported very little, if any, functional improvement or pain relief over the course of the last 6 months. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Oxycontin 10mg #90 is not medically necessary.