

Case Number:	CM13-0054500		
Date Assigned:	01/15/2014	Date of Injury:	02/14/2004
Decision Date:	09/22/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	11/19/2013

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. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation, has a subspecialty in Pain Medicine and is licensed to practice in New York, New Jersey and Connecticut. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 claimant is s/p left shoulder/ c spine injury as well as s/p surgery and interventional pain procedures. He is on chronic opiates for non malignant pain. [REDACTED] sustained work-related injury. He is 49-year-old male. His injury was to the cervical spine. It seems that he underwent cervical interventional pain procedures and does have cervical spine fusion at C5-C6 along with multiple level degenerative changes and neuroforaminal stenosis. He is a retired deputy sheriff.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 10MG, #45: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone Page(s): 92. Decision based on Non-MTUS Citation New York Medical Treatment Guidelines pertaining to back pain do not recommend chronic opioid therapy. Opiate Pain Treatment Agreement P. 89.

Decision rationale: Most of the current guidelines do not recommend opiates for nonmalignant pain. The claimant is already on Hydrocodone also and will not have withdrawal syndrome. The

request was for authorization of the OxyContin 10 mg b.i.d. dispensed 60. The current medical treatment guidelines including MTUS suggest that opioids should not be used in a nonmalignant pain. Claimant is already on Hydrocodone and reviewer decided to give medication to help tapering and weaning off OxyContin. There seems to be approval for the Hydrocodone acetaminophen in the past. Therefore this request is not medically necessary.