

Case Number:	CM14-0146571		
Date Assigned:	09/12/2014	Date of Injury:	02/17/2001
Decision Date:	10/20/2014	UR Denial Date:	08/15/2014
Priority:	Standard	Application Received:	09/09/2014

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 Emergency Medicine and is licensed to practice in Texas. 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 injured worker is a 53-year-old female who reported an injury on 02/17/2001. Her mechanism of injury was not provided. On 06/16/2014, the injured worker presented with complaints of neck pain. Examination of the cervical spine revealed tenderness along the posterior aspect of the cervical musculature bilaterally with trigger points which were palpable and tender about the posterior cervical musculature, upper trapezius, and medial scapular regions. There was decreased range of motion and there was decreased sensation with the use of Wartenberg pinwheel along the posterolateral arm and lateral forearm bilaterally. There was decreased sensation globally on the left, with intrinsic muscle wasting and atrophy noted along the thenar and hypothenar muscles. Current medications included Oxycontin, Norco, Prilosec, Soma, Ambien, Lyrica and Neurontin. The diagnoses were lumbar post laminectomy syndrome, bilateral lower extremity radiculopathy, spinal cord stimulator placement, cervical herniated nucleus pulposus, right upper extremity radiculopathy, atonic bowel pathology as a direct result of the post laminectomy syndrome, and depression and anxiety. The provider recommended OxyContin. The provider's rationale was not provided. The Request for Authorization Form was not included in the medical documents for review.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg , #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use, Page(s): 78.

Decision rationale: The request for Oxycontin 20 mg #180 is not medically necessary. The California MTUS Guidelines state that the use of opioids is recommended for ongoing management of chronic pain. The guidelines recommend ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects should be evident. There is lack of evidence of an objective assessment of the injured worker's pain level, functional status, evaluation of risks for aberrant drug seeking behaviors and side effects. The efficacy of the prior use of the medication was not provided. Additionally, the frequency of the medication was not provided in the request as submitted. As such, medical necessity has not been established.