

Case Number:	CM13-0018979		
Date Assigned:	10/11/2013	Date of Injury:	05/06/2009
Decision Date:	01/30/2014	UR Denial Date:	08/16/2013
Priority:	Standard	Application Received:	09/03/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational Medicine, and is licensed to practice in California. 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 physician 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back, knee, and elbow pain reportedly associated with an industrial injury of May 6, 2009. The applicant's case and care have been complicated by comorbid diabetes. Thus far, the applicant has been treated with the following: Analgesic medications, including long and short acting opioids; muscle relaxants; attorney representation; and transfer of care to and from various providers in various specialties. In a utilization review report of August 16, 2013, the claims administrator denied a request for OxyContin and Percocet. The applicant's attorney later appealed. An earlier agreed-medical evaluation of August 6, 2013 is notable for comments that the claimant has issues with anxiety, dysthymia, depression, and pain disorder with both psychological and medical comorbidities. The claimant is given a Global Assessment of 55 and remains off of work, on total temporary disability. A June 24, 2013 progress note is notable for comments that the applicant has multifocal low back, elbow, and knee pain. He remains off of work, on total temporary disability. He is on metformin, blood pressure medications, Percocet, OxyContin, Oxycodone, and Lidoderm for pain relief. He exhibits an antalgic gait and 4+ to 5/5 lower extremity strength. He is given medication refills and asked to remain off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain effected as a result of ongoing opioid usage. In this case, however, the applicant does not clearly meet the aforementioned criteria but he is off of work, on total temporary disability. There is no evidence of improved performance of non-work activities of daily living or significant pain reduction achieved as a result of ongoing OxyContin usage. Therefore, the request is not certified.

Oxycodone 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Again, the applicant does not clearly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has not returned to work. He has failed to exhibit any improvement in function or reduction in pain as a result of ongoing opioid usage. Therefore, the request is not certified.