

Case Number:	CM13-0069137		
Date Assigned:	01/03/2014	Date of Injury:	10/18/2006
Decision Date:	04/21/2014	UR Denial Date:	12/11/2013
Priority:	Standard	Application Received:	12/20/2013

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 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 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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain and chronic pain syndrome reportedly associated with an industrial injury of October 18, 2006. Thus far, the applicant has been treated with the following: Analgesic medications, including long and short-acting opioids; attorney representation; transfer of care to and from various providers in various specialties; and the apparent imposition of permanent work restrictions. It is incidentally noted that the applicant has apparently filed for low back pain reportedly attributed to cumulative trauma at work. In a December 11, 2013 Utilization Review Report, the claims administrator partially certified request for oxycodone and Opana, seemingly for weaning purposes. It was stated that the available information does not establish the presence of improvement and/or maintenance of function as a result of ongoing opioid usage. The applicant's attorney subsequently appealed. In a Medical Legal Evaluation of December 6, 2012, the medical legal evaluator stated that the applicant had not returned to work since the date of injury. A clinical progress note of November 18, 2013 is notable for comments that the applicant reports persistent low back pain. The applicant is on Ativan, Prevacid, Soma, Lidoderm, Lunesta, Opana, oxycodone, and Senexon. Muscle strength ranging from 4+ to 5- to 5/5 about the lower extremities is appreciated. The applicant was given refills of oxycodone and Opana. A 15-pound permanent work restriction was renewed. It does not appear that the applicant was working. On September 4, 2013, the primary treating provider again refilled oxycodone, Opana, and Lidoderm patches. Permanent work restrictions were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

360 Oxycodone 15mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 include evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, however, the applicant has not returned to work. The applicant has failed to return to work. He has not returned to either his former occupation as a correctional office at [REDACTED], nor has he returned to work elsewhere. The progress notes referenced above do not establish the presence of improved performance of non-work activities of daily living and/or diminished pain scores as a result of ongoing opioid therapy. Therefore, the request for oxycodone is not certified, on Independent Medical Review.

180 Opana ER 10mg: Upheld

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

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

Decision rationale: As with the request for oxycodone, the applicant does not meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The progress notes provided do not establish the presence of appropriate reduction in pain scores and/or improved performance of non-work activities of daily living as a result of ongoing opioid therapy. Continuing Opana, on balance, is not indicated. Therefore, the request is likewise not certified, on Independent Medical Review.