

Case Number:	CM13-0070646		
Date Assigned:	01/08/2014	Date of Injury:	04/06/2000
Decision Date:	04/24/2014	UR Denial Date:	11/25/2013
Priority:	Standard	Application Received:	12/24/2013

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 reportedly associated with an industrial injury of April 6, 2000. Thus far, the applicant has been treated with the following: Analgesic medications, including OxyContin; adjuvant medications, including Neurontin; psychotropic medications, including Effexor; attorney representation; topical compound; a shoulder corticosteroid injection; a walker; a total knee arthroplasty; prior lumbar discectomy procedure in 2006; a cervical discectomy and fusion procedures at C5-C6; and extensive periods of time off of work. In a Utilization Review Report of November 26, 2013, the claims administrator partially certified OxyContin for weaning purposes, approved gabapentin, and approved Effexor. Somewhat incongruously, OxyContin was partially certified for weaning purposes while the other medications were approved. The claims administrator wrote, in his Utilization Review Report, somewhat incongruously, that gabapentin (may not be warranted), in one section of the report and later stated that gabapentin is certified in another section of the report. A May 4, 2010 medical-legal evaluation is notable for comments that the applicant is using a walker of some kind and is "permanently totally disabled." The applicant has filed for and apparently received Social Security Disability Insurance (SSDI). In an appeal letter of October 21, 2013, the attending provider states that the applicant has chronic low back and neck pain. The applicant is described as having responded favorably to prior Botox injection. It is further noted that usage of OxyContin diminishes the applicant's pain from 9/10 to 2-3/10. The applicant states that he is able to walk, stand, and reach above the shoulder level at least 50% better using OxyContin. It is stated that the applicant is independently performing activities of daily living, including showering, shaving, dressing, etc., which he imputes to OxyContin usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Oxycontin 80mg Qty:90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 2009.

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 evidences of successful return to work, improved functioning, and/or reduced pain achieved as a result of opioid therapy. In this case, the applicant seemingly meets two of the three aforementioned criteria. Specifically, the applicant does report improved ability to perform activities of daily living, including standing, walking, reaching overhead, self care, personal hygiene, etc., reportedly achieved as a result of ongoing OxyContin usage. The applicant further states that his pain scores have dropped from 9/10 to 2-3/10 as a result of ongoing OxyContin usage. Continuing the same, on balance, is therefore indicated, although it is acknowledged that the applicant has seemingly failed to return to work. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.