

Case Number:	CM14-0111186		
Date Assigned:	09/16/2014	Date of Injury:	01/15/2007
Decision Date:	10/20/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/16/2014

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 Occupational Medicine 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 June 15, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; earlier lumbar laminectomy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated June 19, 2014, the claims administrator partially certified a request for oxycodone, denied request for OxyContin, and approved request for senna. The applicant's attorney subsequently appealed. In a July 9, 2014 progress note, the applicant reported persistent complaints of low back pain. 6-7/10 pain was noted. The applicant did have comorbid mental health issues including bipolar disorder, depression, and anxiety. The applicant's medication list included Butrans, Norco, and Zanaflex, it was stated in one section of the report. At the bottom of the report, it was stated the applicant was being taken off of oxycodone and would use Butrans and Norco instead. In an earlier note dated June 5, 2014, the applicant was asked to continue oxycodone at a rate of four tablets a day. The applicant was asked to employ oxycodone, Zanaflex, and senna. The applicant's work status was not stated, although it was suggested that the applicant was able to perform various household chores with medication consumption and was able to take care of her aged mother. On May 4, 2014, the applicant was described as using Norco, OxyContin, oxycodone, Celexa, and senna. 6-7/10 pain was noted. The attending provider posited that ongoing opioid therapy had ameliorated the applicant's ability to socialize with others, cook, clean, and perform other household chores. It was stated that the applicant was considering a spinal cord stimulator, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10MG Qty 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has not outlined or made a compelling case for provision of two separate short-acting opioids, namely oxycodone and Norco. Therefore, the request is not medically necessary.

OXYCONTIN 10MG CR QTY 90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has not outlined or made a compelling case for provision of two separate long-acting opioids, namely OxyContin and Butrans, particularly in the face of the attending provider's commentary that the goal is to wean the applicant off of opioids altogether. Therefore, the request is not medically necessary.