MAXIMUS Federal Services

Case Number:	CM14-0120632		
Date Assigned:	09/24/2014	Date of Injury:	09/17/2013
Decision Date:	11/26/2014	UR Denial Date:	07/15/2014
Priority:	Standard	Application Received:	07/30/2014

HOW THE IMR FINAL DETERMINATION AS 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 September 17, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and unspecified amounts of acupuncture. In a Utilization Review Report dated July 14, 2014, the claims administrator denied a request for oxycodone, denied a lumbar support, and approved a request for six sessions of acupuncture. The claims administrator did not invoke any guidelines to approve the acupuncture request but seemingly included mislabeled, misnumbered, outdated 2007 MTUS Acupuncture Guidelines at the bottom of its report. Similarly, non-MTUS ODG Guidelines were employed in the decision to deny the lumbar support. The claims administrator stated that it was basing its decision on a Request for Authorization (RFA) form dated July 10, 2014 and progress note dated June 25, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 15MG #120: Upheld

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

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 achieved as a result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant continues to report pain complaints as high as 8/10, despite ongoing oxycodone usage. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage. The applicant is having difficulty performing activities of daily living as basic as standing, walking, bending, squatting, stooping, lifting, etc. All of the foregoing, taken together, does not make a compelling case for continuation of oxycodone. Therefore, the request is not medically necessary.

LUMBAR CORSET BRACE: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITIES GUIDELINES (ODG)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 301.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 301, lumbar supports are not recommended outside of the acute phase of symptom relief. In this case, the applicant was, quite clearly, well outside of the acute phase of symptom relief as of the date of the request, June 25, 2014, and as of the date of the Utilization Review Report, July 15, 2014. Usage of a lumbar support is not indicated at this late stage in the life of the claim, per ACOEM. Therefore, the request is not medically necessary.