

Case Number:	CM14-0174710		
Date Assigned:	10/27/2014	Date of Injury:	10/09/1995
Decision Date:	12/04/2014	UR Denial Date:	09/27/2014
Priority:	Standard	Application Received:	10/21/2014

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 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 neck pain reportedly associated with an industrial contusion injury of October 9, 1995. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; unspecified amounts of psychotherapy, long and short-acting opioids; psychotropic medications; multiple prior cervical spine surgeries; and earlier shoulder surgery. In a Utilization Review Report dated September 27, 2014, the claims administrator failed to approve a request for oxycodone. The applicant's attorney subsequently appealed. In an October 9, 2014 progress note, the applicant reported moderate-to-severe chronic pain in the neck, bilateral shoulders, and mid back. The applicant was driven to the evaluation by her daughter. An 8/10 pain was appreciated with medications versus 10/10 pain without medications. The attending provider posited that the applicant's medications were allowing for increased mobility. It was stated that the medications were improving the applicant's functionality but did not elaborate or expound on the same. The applicant was using oxycodone, Prilosec, Topamax, senna, Xanax, Wellbutrin, Geodon, and Cymbalta, it was noted. The applicant was still smoking and had a 40-pack year history of smoking, it was acknowledged. The attending provider stated that he was formally appealing the decision to deny OxyContin and oxycodone. It was stated that the applicant should continue using oxycodone at a rate of seven tablets a day. The applicant was placed off of work, on total temporary disability. It was stated the applicant's prognosis was "fair."

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone HCL 30mg #210: Upheld

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

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 result of the same. In this case, however, the applicant is off of work, on total temporary disability. The applicant's reported decrements in pain scores from 10/10 without medications to 8/10 with medications appears to be a minimal-to-marginal benefit, one which is outweighed by the applicant's failure to return to any form of work and the attending provider's failure to outline any meaningful or tangible improvements in function achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.