

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM14-0175165 | | |
| Date Assigned: | 10/28/2014 | Date of Injury: | 08/17/1998 |
| Decision Date: | 12/05/2014 | UR Denial Date: | 09/29/2014 |
| Priority: | Standard | Application Received: | 10/22/2014 |

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] who has filed a claim for chronic pain syndrome, knee arthritis, myofascial pain syndrome, chronic low back pain, depression, anxiety, carpal tunnel syndrome, and hypertension reportedly associated with an industrial injury of August 17, 1998. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated September 26, 2014, the claims administrator failed to approve a request for oxycodone. The claims administrator invoked a variety of MTUS and non-MTUS Guidelines, including Chapter 6 ACOEM Guidelines in which the claims administrator mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In a November 19, 2013 progress note, the applicant reported ongoing complaints of knee and low back pain. The applicant was using Lyrica, OxyContin, oxycodone, and Lidoderm, it was noted at that point in time. The applicant was apparently in the process of finding another physician. The applicant was asked to "remain totally disabled." On December 3, 2013, the applicant was again asked to continue current medications, including oxycodone, OxyContin, Lyrica, and Lidoderm. The applicant was using a cane to move about, it was acknowledged. On July 1, 2014, the applicant was asked to continue OxyContin, oxycodone, and Lyrica. It was stated that the applicant had been using these medications for the past four years. It was stated that the applicant should consider introduction of antidepressants in an effort to decrease opioid consumption. In a July 29, 2014 progress note, the applicant stated that she was not interested in detoxifying or weaning off of any of her medications, which included OxyContin, Lidoderm, oxycodone, and Cymbalta. The attending provider stated that the applicant was not having any side effects from the medications, but did, however, quantify any decrements in pain or improvements in function

achieved as a result of ongoing medication usage. In an August 26, 2014 progress note, the attending provider again noted that the applicant was using a cane to move about. The applicant was having ongoing multifocal complaints of shoulder pain, knee pain, low back pain, and diffuse pain syndrome. The attending provider stated the applicant was not having any side effects from medications, but acknowledged that the applicant was having difficulty performing many activities of daily living, including standing and walking. The attending provider then stated that he is perplexed as to why the applicant's medications were not being refilled

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 78.

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. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of opioid therapy, including ongoing oxycodone usage. The attending provider has not, furthermore, outlined any quantifiable decrements in pain achieved as a result of ongoing oxycodone usage. The applicant comments due the fact that she is having difficulty performing activities of daily living basically standing and walking and is still using a cane, moreover, suggest that ongoing usage of oxycodone has not been altogether effectual here. All the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.