

Case Number:	CM14-0020271		
Date Assigned:	04/25/2014	Date of Injury:	08/05/2004
Decision Date:	07/07/2014	UR Denial Date:	02/11/2014
Priority:	Standard	Application Received:	02/18/2014

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 Preventative 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 and low back pain reportedly associated with an industrial injury of August 5, 2005. Thus far, the applicant has been treated with analgesic medications, opioid therapy, testosterone supplementation, and human growth hormone injections for reported for alleged HGH deficiency. An earlier note of February 13, 2012 was notable for comments that the applicant was thinking of transferring care to a new primary treating provider. The applicant had seen 32 doctors over four years. The applicant reported persistent neck pain and ankle pain. The applicant was on both human growth hormone and supplemental AndroGel. The applicant was using Oxycodone as of that point in time. The applicant was described as obese, with a BMI of 30. In a handwritten note dated December 19, 2013, it was stated that the applicant was doing okay. Little or no narrative commentary was provided. The applicant was given a diagnosis of pituitary gland dysfunction, a prescription for Oxycodone, and was asked to follow up in 45 days.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE 10MG, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 did not appear to be working. There is no mention of analgesia and/or improved performance of activities of daily living effected as a result of ongoing opioid usage. It is further noted that the applicant appears to have developed some adverse effects with ongoing opioid therapy including hypogonadism. As further noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of continuing pain with evidence of adverse effects should lead the prescribing provider to consider discontinuing the offending opioids. Therefore, the request is not medically necessary.