

Case Number:	CM14-0041100		
Date Assigned:	06/30/2014	Date of Injury:	07/21/2003
Decision Date:	08/25/2014	UR Denial Date:	04/04/2014
Priority:	Standard	Application Received:	04/08/2014

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 low back pain reportedly associated with an industrial injury of July 21, 2003. Thus far, the applicant has been treated with analgesic medications; opioid therapy; psychotropic medications; earlier lumbar fusion surgery; and adjuvant medications. In a Utilization Review Report dated April 4, 2014, the claims administrator partially certified a request for Oxycodone, seemingly for weaning purposes, approved OxyContin, approved Zoloft, approved Wellbutrin, and approved Neurontin. Portions of the report appeared to have been truncated as it was not clear why OxyContin was approved while Oxycodone was partially certified. The applicant's attorney subsequently appealed. In a May 19, 2014 progress note, the applicant was described as having persistent complaints of low back pain. The applicant had a spinal cord stimulator in place, it was noted. It was stated that the applicant was planning to pursue a spinal cord stimulator removal. In a medical-legal evaluation of May 27, 2014, it was acknowledged that the applicant was not working and had been off of work since the date of injury, several years prior. In an April 22, 2014 progress note, the applicant was described as having persistent complaints of pain. The applicant reported 30 to 40% drops in pain levels with opioid therapy. The attending provider refilled OxyContin and changed the applicant's Oxycodone to 30 mg twice daily. The attending provider complained that the utilization reviewer who issued the denial was not a practicing anesthesiologist or a pain physician. The attending provider did not elaborate on what improvements in function had been achieved with opioid therapy. On May 20, 2014, the applicant reported persistent, worsening low back pain. The applicant stated that his current medication regimen was not effective. The applicant was described as an emotionally fragile and depressed patient. The attending provider stated that the applicant had failed multiple surgeries and could not be functional without pain medications.

The attending provider again did not outline what activities of daily living had been ameliorated with opioid therapy. On March 25, 2014, the attending provider refilled prescriptions for OxyContin, Oxycodone, Neurontin, Zoloft, Senna, and BuTrans.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Oxycodone 20mg #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, these criteria have not been made. The applicant is off of work. The applicant has not worked in for what appears to be several years. While the attending provider has recounted some diminutions in pain scores with earlier opioid therapy, the attending provider has not specifically outlined what (if any) improvements in function have been achieved as a result of ongoing opioid usage, including ongoing Oxycodone usage. Therefore, the request is not medically necessary.