

Case Number:	CM14-0113187		
Date Assigned:	08/01/2014	Date of Injury:	02/12/1996
Decision Date:	12/21/2015	UR Denial Date:	06/27/2014
Priority:	Standard	Application Received:	07/18/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 12, 1996. In a Utilization Review report dated June 27, 2014, the claims administrator failed to approve a request for oxycodone. The claims administrator did not seemingly incorporate any guidelines into its rationale. The claims administrator referenced an RFA form received on June 11, 2014 and an associated office visit dated May 21, 2014 in its determination. The applicant's attorney subsequently appealed. On September 17, 2014, the applicant reported ongoing issues with neck pain, mid back pain, shoulder pain, depression, and complex regional pain syndrome. The applicant had developed issues with depression, the treating provider acknowledged. The applicant using topical Pennsaid, Cymbalta, Gabitril, Klonopin, oxycodone, OxyContin, and fentanyl spray, the treating provider reported that the attending provider acknowledged the applicant's activities of daily living were diminished secondary to chronic pain complaints. The applicant was asked to pursue Botox injections and trigger point injections. The attending provider contended that the applicant's analgesic medications were attenuating her pain complaints. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On March 6, 2015, the applicant reported ongoing, multifocal issues with chronic pain syndrome, chronic neck pain, chronic midback pain, and chronic shoulder pain. The applicant received trigger point injections and was using topical agents, the treating provider acknowledged. The applicant's medications included Cymbalta, Gabitril, Klonopin, and oxycodone. The attending provider contended that the applicant will be unable to perform housekeeping, meal preparation

or doing basic errands without her pain medications. The applicant was given work restrictions, although it did not appear the applicant was working with said limitations in place. Trigger point injections were performed in the clinic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg, #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman And Gilman's The Pharmacological Basis Of Therapeutics; Physicians Desk Reference; Official Disability Guidelines Workers Compensation Drug Formulary.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for oxycodone, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain. Thus, however, the attending provider's documentation of progress notes of September 17, 2014 failed to outline why the applicant was using so many different opioid agents to include oxycodone, OxyContin, and fentanyl spray. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that 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. Here, however, the applicant's work status was not reported on office visit of September 17, 2014 or March 6, 2015, suggesting the applicant was not, in fact, working. While treating provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) as a result of ongoing of oxycodone usage. The attending provider's commentary to the effect that the applicant will be unable to perform basic household errands or meal preparation in unspecified amounts without her medications did not, in and of itself, constitute evidence of a substantive improvement in function effected as a result of ongoing oxycodone usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work, and the attending provider's failure to clearly recount the applicant's work status. Therefore, the request was not medically necessary.