MAXIMUS Federal Services

Case Number:	CM14-0192932		
Date Assigned:	11/26/2014	Date of Injury:	04/07/1992
Decision Date:	01/20/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	11/18/2014

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 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 April 7, 1992. In a Utilization Review Report dated November 11, 2014, the claims administrator approved request for MS Contin while failing to approve request for oxycodone. The claims administrator noted that the applicant was status post earlier lumbar spine surgery and earlier lumbar medial branch blocks on April 28, 2014. The claims administrator stated that its decision was based on an RFA form received on November 6, 2014. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported persistent complaints of mid and low back pain radiating into the bilateral lower extremities and bilateral thighs. The applicant was using morphine and Percocet for pain relief. The attending provider stated that the applicant was using a cane to move about. The attending provider stated that the applicant needed a modest increase in medications this month. The attending provider stated that he was considering the possibility that the applicant could be weaned off of medications in one section of the note. At the bottom of the note, however, the attending provider went on to request authorizations for both oxycodone and MS Contin. The applicant was still smoking half pack a day, it was also acknowledged. The attending provider stated that the applicant's medications were allowing her to complete necessary activities of daily living. This was neither elaborated nor expounded upon, however. On October 28, 2014, the applicant again reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant's work status was not furnished on this occasion, as with the preceding progress note. The applicant was still smoking, it was acknowledged. The applicant was asked to continue current medications, including MS Contin and Percocet. The attending provider again stated that the applicant's pain medications

were keeping her pain within manageable levels but did not elaborate on the same. The applicant received an earlier lumbar radiofrequency rhizotomy procedure on September 23, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #100: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. Here, however, the applicant's work status was not clearly outlined on several office visits, referenced above, in late 2014, implying that the applicant was not working. The attending provider's progress notes were highly templated and contained very little in the way of narrative commentary. While the attending provider stated that the applicant's pain medications were generating appropriate analgesia and were improving performance of activities of daily living, this was neither elaborated nor expounded upon. The attending provider did not outline any specific activities of daily living and/or non-work related functions which had specifically been ameliorated as a result of ongoing medication consumption, including ongoing oxycodone consumption. All of the foregoing, taken together, does not make a compelling case for continuation of oxycodone. Therefore, the request was not medically necessary.