

Case Number:	CM14-0193548		
Date Assigned:	12/01/2014	Date of Injury:	04/03/2004
Decision Date:	01/16/2015	UR Denial Date:	10/24/2014
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 3, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar spine surgery; epidural steroid injection therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 24, 2014, the claims administrator failed to approve a request for oxycodone-acetaminophen-immediate release (Percocet). The claims administrator stated that its decision was based on an RFA form dated September 24, 2014 and a progress note dated July 28, 2014, neither of which were seemingly incorporated into the Independent Medical Review packet. The applicant's attorney subsequently appealed. On September 26, 2012, the applicant reported persistent complaints of low back pain status post earlier lumbar fusion surgery in 2010. The applicant reported 5/10 pain with medications but acknowledged that his pain was adversely impacting his mood, sleep, ability to work, and socialize with others. The applicant's medication list included Flexeril, morphine, Kadian, and Flector. Multiple medications were renewed. On January 21, 2013, the applicant reported persistent complaints of low back pain, which he again stated was adversely impacting his ability to socialize with others, sleep, and work. The applicant also stated that his mood was adversely impacted as a result of ongoing pain complaints. The applicant was using Kadian, Oxycodone short-acting, Flexeril, Lidoderm, and Flector, it was acknowledged, many of which were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyIR 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Oxycodone. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) and on the Non-MTUS National Library of Medicine

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 does not appear to be working. Several historical progress notes, referenced above, suggested that the applicant's pain complaints were interfering with the applicant's mood, ability to socialize, interact with others, and work. The attending provider likewise failed to outline any meaningful improvements in function achieved as a result of ongoing Oxycodone immediate release-acetaminophen (Percocet) usage. While it is acknowledged that neither the July 28, 2014 office visit nor the September 24, 2014 RFA form were incorporated into the Independent Medical Review packet, the information which was provided, however, failed to support or substantiate the request. Therefore, the request was not medically necessary.