

Case Number:	CM14-0203450		
Date Assigned:	12/15/2014	Date of Injury:	08/10/1979
Decision Date:	02/25/2015	UR Denial Date:	11/18/2014
Priority:	Standard	Application Received:	12/05/2014

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, Ohio, 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] shop employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 10, 1979. In a Utilization Review Report dated November 18, 2014, the claims administrator failed to approve request for OxyContin. The claims administrator referenced progress note of October 31, 2014, October 15, 2014, and September 24, 2014, in its determination. The claims administrator contented that the applicant had failed to profit from ongoing opioid therapy. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated November 10, 2012, the applicant reported ongoing complaints of knee pain status post earlier corticosteroid injection therapy and earlier viscosupplementation injection therapy. The applicant was apparently on Vicodin and Celebrex as of that point in time. The applicant reported 8/10 pain on that date with difficulty performing activities of daily living as basic as climbing, standing, walking, driving, yard work, and gardening. The applicant was using a cane, it was further noted. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. In a November 18, 2014 progress note, the applicant reported persistent complaints of right knee pain secondary to knee arthritis. The applicant had undergone several knee surgeries. The applicant was using Naprosyn, Celebrex, and Vicodin, it was acknowledged. The applicant's work status was not clearly outlined. Viscosupplementation injection therapy was endorsed for the applicant's reportedly severe knee arthritis. No discussion of medication efficacy transpired on this date. On October 31, 2014, the applicant again reported persistent complaints of knee pain, low back pain, myofascial pain syndrome. The applicant had retired from his former place

of employment, it was stated. The applicant was asked to continue OxyContin, Motrin, and Prilosec. Toradol was given for low back pain. The attending provider stated that the applicant's pain complaints were interfering with his ability to perform activities of daily living.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycontin 10 mg #90: 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 Page(s): 88.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. The applicant continues to report severe pain complaints on office visits of October 31, 2014 and November 18, 2014, referenced above. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking, despite ongoing usage of opioids, including OxyContin. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.