

Case Number:	CM14-0208955		
Date Assigned:	12/22/2014	Date of Injury:	09/03/2002
Decision Date:	02/27/2015	UR Denial Date:	11/17/2014
Priority:	Standard	Application Received:	12/15/2014

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 3, 2002. In a Utilization Review Report dated November 17, 2014, the claims administrator approved a request for cyclobenzaprine while denying a request for OxyContin. The claims administrator referenced a progress note of November 7, 2014 in its determination. The applicant's attorney subsequently appealed. On said November 7, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the left leg. The applicant was using a spinal cord stimulator, Lexapro, Norco, and OxyContin. The applicant was using OxyContin thrice daily. The attending provider contended that the applicant's pain complaints were diminished by 50% with her pain medications, including OxyContin. The attending provider stated that the applicant was able to clean and bathe herself and was able to run some basic errands and household chores as a result of ongoing medication consumption. The applicant was asked to continue a variety of medications, including Lexapro, Medrox, Ambien, and Flexeril. The applicant was status post earlier lumbar decompression surgery. The applicant's work status was not clearly stated. On October 8, 2014, the attending provider again stated that the applicant had reported 50% reduction in pain scores with ongoing medication consumption and suggested that the applicant's ability to clean and bathe herself had been ameliorated as a result of ongoing medication therapy. In a work status report dated June 3, 2014, the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prescription for Oxycontin 20mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 was/is off of work, on total temporary disability. While the applicant has reported some reduction in pain scores achieved as a result of ongoing opioid therapy, including ongoing OxyContin usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. The applicant's commentary to the effect that she is able to clean and bathe herself does not, in and of itself, constitute evidence of substantive or meaningful improvement achieved as a result of ongoing opioid therapy, including ongoing OxyContin usage. Therefore, the request was not medically necessary.