

Case Number:	CM15-0100977		
Date Assigned:	06/03/2015	Date of Injury:	08/14/2009
Decision Date:	07/02/2015	UR Denial Date:	04/30/2015
Priority:	Standard	Application Received:	05/26/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 14, 2009. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator referenced a RFA form received on April 28, 2015 in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant reported ongoing complaints of low back pain, 8-9/10, exacerbated by lifting, sitting, standing, walking, bending, kneeling, and/or negotiating stairs. Drug testing, OxyContin, Neurontin, Lidoderm patches, Ambien, Prilosec, and Zanaflex were renewed, without any seeming discussion of medication efficacy. The applicant's work status was not detailed. On March 11, 2015, the applicant was again given refills of OxyContin, Neurontin, Lidoderm, Ambien, and Protonix, again without much discussion of medication efficacy. Once again, the applicant's work status was not detailed. 8/10 pain complaints were noted, exacerbated by driving, climbing stairs, bending, lifting, kneeling, and squatting.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin CR 30 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for OxyContin, a long-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 outlined on progress notes of April 8, 2015 and March 11, 2015, suggesting that the applicant was not, in fact, working. 8-9/10 pain complaints were reported on those dates. The applicant continued to report difficulty performing activities of daily living as basic as lifting articles weighing up to 10 pounds, sitting, standing, bending, and squatting, it was further noted. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy of OxyContin. Therefore, the request was not medically necessary.