

Case Number:	CM15-0106316		
Date Assigned:	06/10/2015	Date of Injury:	03/17/2004
Decision Date:	07/16/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	06/02/2015

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 represented 59-year-old who has filed a claim for chronic knee and leg pain reportedly associated with an industrial injury of March 17, 2004. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator referenced an April 25, 2015 order form in its determination. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated February 9, 2015, the applicant reported ongoing complaints of low back and knee pain, 5 to 9/10. The applicant was only able to stand and/or walk for up to one minute continuously. The applicant could only do "minimal activities," the treating provider reported. The attending provider stated that the applicant had difficulty performing all activities of self care and personal hygiene. The applicant was minimally able to kneel and squat, it was reported. The applicant was described as severely obese, standing 6 feet 1 inch tall weighing 420 pounds. Aquatic therapy and work restrictions were endorsed. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. The medical-legal evaluator also noted that the applicant developed issues with depression and anxiety superimposed on his chronic pain complaints. On September 8, 2014, the applicant's primary treating provider placed the applicant off of work, on total temporary disability, without any seeming discussion of medication efficacy. The applicant was using a motorized scooter and/or walker to move about, the treating provider reported. On August 5, 2014, the applicant's new primary treating provider noted that the applicant was receiving Social Security Disability Insurance (SSDI) benefit. The applicant had undergone a gastric bypass, knee meniscectomy, and herniorrhaphy, it was reported. Once again, medication selection and medication efficacy were not detailed. On November 12, 2014, the applicant was placed off of work, on total temporary disability, again without any seeming discussion or medication efficacy. The remainder of the file was surveyed. The April 25, 2015 order form which the claims administrator rates the decision upon was not seemingly incorporated into the

IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg #120: Upheld

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

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 while off of work, on total temporary disability, it was acknowledged on multiple offices visits, referenced above. Additionally, the applicant also receiving Social Security Disability Insurance (SSDI) benefits coupled with worker's compensation indemnity benefits. A February 9, 2015 medial-legal evaluation noted that the applicant was using a walker to move about, was minimal ambulatory, and was significantly constrained in terms of day-to-day functionality. All of the foregoing, taken together, strongly suggests that the applicant had failed to profit with ongoing OxyContin consumption. Therefore, the request was not medically necessary.