

Case Number:	CM15-0107857		
Date Assigned:	06/12/2015	Date of Injury:	07/27/2000
Decision Date:	07/16/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	06/04/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 27, 2000. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for Roxycodone (oxycodone). The claims administrator referenced an April 27, 2015 RFA form in its determination. Partial approval was apparently issued for weaning or tapering purposes. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing issues of major depressive disorder (MDD), recurrent. The applicant was on Cymbalta, Abilify, and Desyrel, it was reported. The attending provider stated that the applicant's sleep, energy, concentration, and appetite were ameliorated because of medication consumption. The applicant's work status was not detailed. On April 27, 2015, the applicant reported ongoing complaints of low back pain radiating to the groin. The applicant was on AndroGel, Cymbalta, and Lopressor, it was reported. Both low back pain and groin pain were reported. The note was somewhat difficult to follow and mingled historical issues and current issues. The applicant's complete medication list was not detailed. Oxycodone was renewed, without much discussion of medication efficacy. Once again, the applicant's work status was not detailed. Pain complaints ranging from 6-9/10 were reported. The attending provider stated that the applicant felt "very content" with his pain control but did not elaborate further. On January 27, 2015 progress note, it was acknowledged that the applicant was not, in fact, currently working. 5-6/10 pain with medications versus 9/10 pain without medications versus an average pain score of 7 overall was reported. The applicant reported 9/10 pain on this date, in the clinic, it was stated on another occasion. The applicant was severely obese, with a BMI of 38, it was reported. An intrathecal pain pump was reprogrammed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 15 MG Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: No, the request for Roxicodone, a short-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 because of the same. Here, however, the applicant was off work, as suggested on progress note of January 27, 2015, referenced above. A subsequent progress note of April 27, 2015 failed to outline either meaningful or material improvements in function or quantifiable decrements in pain affected because of ongoing opioid therapy. The applicant has continued pain complaints in the 6-9/10 range, coupled with the attending provider's report that the applicant remained severely obese with a BMI of 38 and, by implication, largely inactive, did not make a compelling case for continuation of opioid therapy with Roxicodone, particularly when viewed in the context of the applicant's failure to return to work. Therefore, the request was not medically necessary.