MAXIMUS Federal Services

Case Number:	CM15-0108319		
Date Assigned:	06/15/2015	Date of Injury:	07/07/2005
Decision Date:	07/16/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/05/2015

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 53-year-old who has filed a claim for chronic pain syndrome, headaches, anxiety, depression, and insomnia reportedly associated with an industrial injury of July 7, 2005. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for OxyContin. The applicant's attorney subsequently appealed. In a handwritten note dated November 7, 2014, the applicant maintained his chronic low back, chronic shoulder pain, depression, and anxiety were all collectively getting worse. The applicant was gaining weight and was no longer as active as in the past, it was acknowledged. Losartan, Maxzide, Tenormin, and Prilosec were endorsed. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place, although it was not explicitly stated. In a February 3, 2015 progress note, the applicant was given several topical compounded medications. Multifocal complaints of foot, knee, ankle, wrist, shoulder, neck, and low back pain were reported, 7-9/10. Superimposed issues of insomnia were reported. The applicant's work status was not detailed. There was no mention of OxyContin on this date. In a March 20, 2015 progress note, handwritten, difficult to follow, not entirely legible, the applicant again reported multifocal pain complaints and depressive symptoms. Xanax, Valium, a scooter, and Butran patches were endorsed. The note was very difficult to follow and not altogether legible. The applicant was apparently having difficulty moving around, it was stated. The applicant's pain complaints were worsened, it was reported. Home health services were sought. There was no seeming mention of OxyContin being employed on this date. In a December 9, 2014 progress note, the applicant was placed off of work, on total temporary disability, through January 23, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tablet 20mg CR days supply; 30 Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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 did not appear to be working, it was suggested (but not clearly stated) above. The applicant's pain complaints were heightened from visit to visit, it was acknowledged on various dates, including on March 20, 2015. The applicant had difficulty performing activities of daily living as basic as ambulating, the treating provider acknowledged. The fact that a scooter was sought seemingly suggested that the applicant was not deriving appropriate improvements in function with ongoing medication consumption. The historical progress note of December 9, 2014 suggested that the applicant was off of work as of that point in time. Multiple other progress notes were difficult to follow, not entirely legible, and did not explicitly allude to the applicant's ongoing usage of OxyContin. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.