MAXIMUS Federal Services

Case Number:	CM15-0138131		
Date Assigned:	07/28/2015	Date of Injury:	01/19/2013
Decision Date:	08/26/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/16/2015

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 wrist, hip, elbow, and low back pain reportedly associated with an industrial injury of January 19, 2013. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator referenced an RFA form received on July 7, 2015 in its determination. The applicant's attorney subsequently appealed. On a July 7, 2015 RFA form, the applicant was given diagnoses of ulnar neuropathy, degenerative disk disease of the lumbar spine, and a failed total hip arthroplasty. Psychiatry consultation, pain management consultation, and physical therapy were endorsed. The applicant was reportedly considering an epidural steroid injection, it was reported. In an associated progress note dated July 1, 2015, the applicant was placed off of work, on total temporary disability. Dilaudid and OxyContin were renewed. The applicant was still smoking, it was reported. An epidural steroid injection was sought. The applicant had undergone earlier hip surgery in August 2014 and earlier wrist and elbow surgery in March 2015, it was reported. The applicant reported frustration and anger. The applicant was placed off of work for 45 days while OxyContin and Dilaudid were prescribed and/or dispensed. The note was difficult to follow and mingled historical issues with current issues. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #30 with one refill: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

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 was placed off of work, on total temporary disability, as of the date in question, July 1, 2015. The attending provider failed to outline meaningful, material, or substantive improvements in function (if any) achieved on that date as a result of ongoing OxyContin usage. The applicant's pain complaints, apparently, were seemingly worsened on that date. All of the foregoing, taken together, strongly suggested that the applicant had not, in fact, profited as a result of ongoing OxyContin usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.