

Case Number:	CM15-0142593		
Date Assigned:	08/03/2015	Date of Injury:	09/12/2002
Decision Date:	09/03/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/22/2015

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 59-year-old who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of December 12, 2002. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Oxycodone. An RFA form of July 10, 2015 and associated progress notes of July 10, 2015 and July 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On July 10, 2015, the applicant reported ongoing issues with chronic pain. The applicant was using a total of 180 mg of Oxycodone daily, it was acknowledged. The applicant reported average pain scores of 5-6/10. The attending provider posited that the applicant was trying to lose weight and/or stay active as a result of ongoing Oxycodone usage. The applicant's work status was not detailed. The attending provider contended that the applicant's ability to lose weight had been ameliorated as a result of ongoing Oxycodone usage. The applicant was described as having multiple pain generators. The attending provider suggested that the applicant had developed issues with opioid-induced hypogonadism. The applicant's BMI was 38, it was reported, based on a height of 6 feet and a weight of 279 pounds. On April 29, 2015, the applicant was described as using Oxycodone, Nexium, Lipitor, Tylenol, vitamin D, aspirin, hydrochlorothiazide, Zestril, Desyrel, Lexapro, baclofen, and MiraLax. The applicant reported 7-8/10 pain without medications versus 4-5/10 pain with medications. The attending provider contended that the applicant's pain complaints and depression were somewhat improved. Oxycodone was refilled. The applicant was using canes to move about, it was acknowledged. Once again, the applicant's work status was not clearly outline, although it did not appear that the applicant was in fact working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids; Opioid Dosing Calculator, Morphine Equivalent Dose (MED) factor; Opioids, dosing Page(s): 80; 87; 86.

Decision rationale: No, the request for Oxycodone, 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 as a result of the same. Here, however, the applicant's work status was not reported on July 10, 2015, suggesting that the applicant was not, in fact, working. While the treating provider contended that the applicant's medications were beneficial in terms of ameliorating the applicant's ability to stay active, this was not neither elaborated nor expounded upon and was undermined by commentary made on July 10, 2015 to the effect that the applicant remained significantly obese, with BMI of 38, and by commentary made on April 29, 2015 to the effect that the applicant was using bilateral hand canes to move about. The attending provider failed, in short, to identify quantifiable meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Oxycodone usage. The attending provider also suggested that the applicant was using Oxycodone at a total daily dosage of 180 mg as of July 10, 2015. A daily dosage of Oxycodone 180 mg, however, represents a total morphine equivalent dose of 270 mg, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines, i.e., well in excess of the 120 mg oral morphine equivalents daily limit for opioid usage set forth on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.