MAXIMUS Federal Services

Case Number:	CM15-0142707		
Date Assigned:	08/03/2015	Date of Injury:	02/01/1990
Decision Date:	09/02/2015	UR Denial Date:	06/24/2015
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 57-year-old who has filed a claim chronic mid and low back pain reportedly associated with an industrial injury of February 1, 1990. In a Utilization Review report dated June 24, 2015, the claims administrator failed to approve requests for OxyContin and Flexeril. The claims administrator referenced a June 15, 2015 RFA form and an associated June 4, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On July 15, 2015, the applicant reported ongoing complaints of low back pain exacerbated by activities of daily living as basic as sitting, standing, lifting, twisting, and driving. The applicant stated that lying down did alleviate his pain complaints. The applicant was on OxyContin, Flexeril, Pamelor, Topamax, Colace, and Senna, it was reported. The applicant has undergone multiple spine surgeries over the course of the claim, it was reported. The attending provider contended that the applicant was working on a part-time basis and had reportedly derived a 70% reduction in pain scores with ongoing OxyContin usage. The attending provider also stated that the applicant's ability to perform self-care, personal hygiene, and dressing may have ameliorated as a result of ongoing medical consumption. A 20-pound lifting limitation and OxyContin were renewed. On June 4, 2015, the applicant again reiterated that the applicant was working on a part-time basis on with a 20-pound lifting limitation in place and was reportedly deriving appropriate analgesia with ongoing OxyContin usage. OxyContin, Flexeril, Topamax, Colace, and Senna were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

OxyContin 40mg #90 refill x 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-81, 86.

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

Decision rationale: Yes, the request for OxyContin, a long-acting opioid, was medically necessary, medically appropriate, and 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 a result of the same. Here, the applicant had apparently returned to and maintained part-time work status, the treating provider contended on progress notes of June 4, 2015 and July 15, 2015. The applicant was deriving a 70% reduction in pain scores as a result of ongoing OxyContin consumption, the treating provider contended on July 15, 2015. Continuing the same, on balance, thus, was indicated. Therefore, the request was medically necessary.

Flexeril 10mg #30 refill x 5: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 63.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: Conversely, the request for Flexeril (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on Page 41 of the MTUS Chronic Pain Medical Treatment guidelines, addition of cyclobenzaprine or Flexeril to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including OxyContin, Topamax, Pamelor, etc. Adding cyclobenzaprine or Flexeril to the mix was not recommended. It is further noted that the 30-tablet, 5-refill supply of Flexeril at issue represents treatment in excess of the "short course of therapy" for which Flexeril (cyclobenzaprine) was recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.