MAXIMUS Federal Services

Case Number:	CM15-0147126		
Date Assigned:	08/10/2015	Date of Injury:	11/21/1997
Decision Date:	09/23/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/29/2015

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 claimant is a [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 21, 1997. In a utilization review report dated July 16, 2015, the claims administrator failed to approve a request for oxycodone. The claims administrator referenced a July 6, 2015 RFA form and an associated progress note of July 1, 2015 in its determination. The applicant's attorney subsequently appealed. On May 27, 2015, the attending provider posited that the applicant was self-employed and was able to work. The attending provider stated that the applicant was working as a self-employed housekeeper. The attending provider stated that the applicant was deriving 50% reduction in pain scores and function with ongoing Norco and Tylenol consumption. 10/10 pain without medications versus 4/10 pain with medications was reported. The applicant was also on Lyrica, it was stated. Norco and Lyrica were renewed. Renal and hepatic function testing were endorsed. On July 1, 2015, the applicant reported ongoing complaints of low back and leg pain, 10/10 without medications versus 4/10 with medications. The attending provider stated that the applicant had developed transaminitis secondary to a fatty liver. The applicant was asked to begin oxycodone in lieu of tramadol. It was again stated that the applicant was gainfully employed as a housekeeper.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short-acting opioids; Acetaminophen (APAP) Page(s): 75; 12.

Decision rationale: Yes, the request for oxycodone, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 75 of the MTUS Chronic Pain Medical Treatment Guidelines, short-acting opioids such as oxycodone are an effective method to control chronic pain. Here, oxycodone was introduced for the first time on July 1, 2015 on the grounds that the applicant had developed transaminitis. As noted on page 12 of the MTUS Chronic Pain Medical Treatment Guidelines, hepatotoxicity is a well-known adverse effect of acetaminophen usage. Introduction of oxycodone was, thus, indicated on or around the date in question, July 1, 2015. Therefore, the first-time request for oxycodone is medically necessary.