

Case Number:	CM15-0181478		
Date Assigned:	09/22/2015	Date of Injury:	07/14/1997
Decision Date:	11/03/2015	UR Denial Date:	08/26/2015
Priority:	Standard	Application Received:	09/15/2015

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 [REDACTED] beneficiary who has filed a claim for complex regional pain syndrome, chronic shoulder pain, and myofascial pain syndrome reportedly associated with an industrial injury of July 14, 1997. In a Utilization Review report dated August 28, 2015, the claims administrator failed to approve a request for OxyContin and oxycodone. The claims administrator referenced a July 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated August 6, 2015, both OxyContin and oxycodone were seemingly renewed. In an associated progress note dated July 21, 2015, the applicant had ongoing complaints of arm, hand, and shoulder pain reportedly attributed to complex regional pain syndrome (CRPS). The attending provider acknowledged that the applicant's ability to perform activities of daily living as basic as grooming, dressing, bathing, household chores, driving, and socializing have all been adversely impacted despite ongoing medication consumption. The applicant had completed a functional restoration program, it was reported. Both OxyContin and oxycodone were renewed, seemingly without much discussion of medication efficacy. 5/10 pain complaints were reported. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On June 11, 2015, the applicant's permanent work restrictions were renewed. 6/10 pain with medications versus 9/10 pain without medications was reported. It did not appear that the applicant was working with said permanent limitations in place, although this is not explicitly stated. On August 18, 2015, the applicant reported severe, 9/10 pain complaints without medications versus 6/10 pain with medications. The applicant's permanent work restrictions, OxyContin, and oxycodone were, once again, renewed. Once again, it was not explicitly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 5mg tab take 1 TID #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 clearly outlined on multiple office visits, referenced above, including those dated August 18, 2015, June 11, 2015, and July 21, 2015. It did not appear, however, the applicant was working with permanent limitations in place. While the attending provider did recount a reported a reduction in pain scores from 9/10 without medications to 6/10 with medications on various dates, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's commentary on July 21, 2015 to the effect that the applicant still having difficulty performing activities of daily living as basic as grooming, dressing, bathing, household chores, shopping, driving, and socializing. Therefore, the request was not medically necessary.

Oxycontin 10mg tab take 2 BID #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for OxyContin, a long-acting opioid, was likewise 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 clearly reported on multiple office visits of July 21, 2015, August 18, 2015 and June 11, 2015, referenced above. It did not appear, however, the applicant was working with previously imposed permanent limitations in place. While the attending provider did, on occasion, recount a reduction in pain scores from 9/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's seeming failure to the return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effective as a result of ongoing opioid usage. The attending provider's commentary on the July 21, 2015 to the effect that the applicant was still having difficulty performing activities of daily living as basic as grooming, dressing, bathing, household chores, shopping, socializing, etc., did not make a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request was not medically necessary.

