

Case Number:	CM15-0189720		
Date Assigned:	10/01/2015	Date of Injury:	12/20/1999
Decision Date:	11/16/2015	UR Denial Date:	08/25/2015
Priority:	Standard	Application Received:	09/25/2015

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 chronic low back pain (LBP) reportedly associated with an industrial injury of December 20, 1999. In a separate Utilization Review report dated August 25, 2015, the claims administrator failed to approve a request for oxycodone (Roxicodone) and a lumbar brace. The claims administrator referenced an August 4, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 9, 2015 dated oxycodone, Zanaflex, and Robaxin were endorsed. On an associated progress note of June 15, 2015, difficult to follow, not entirely legible, the applicant reported ongoing complaints of low back pain. The treating provider contended that the applicant was working and was functional with his medications. Zanaflex, Robaxin, and Soma were endorsed. The applicant was seemingly returned to work with a 20-pound lifting limitation. On a handwritten note dated August 4, 2015, difficult to follow, not entirely legible, the applicant was described as receiving sympathetic injections. 2-4/10 pain complaints were noted. The attending provider stated that the applicant's ability to perform activities of daily living was ameliorated as a result of ongoing medication consumption and stated that the applicant's pain scores was reduced by "100%" as a result of ongoing medication consumption. Oxycodone and lumbar support were endorsed. The same, unchanged 20 pound lifting limitation was endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Roxicodone 5mg 1-2 tablets po tid #180: Overturned

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: Yes, the request for Roxicodone (oxycodone), a short-acting opioid, is 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 as a result of the same. Here, the applicant had returned to work on a full-time basis, the treating provider reported on June 15, 2015, albeit with a 20-pound lifting limitation in place. The treating provider reported that the applicant was more functional with medications on that date. A subsequent note dated August 4, 2015 was notable for commentary to the effect that the applicant's pain scores were reduced by "100%" as a result of ongoing medication consumption and that ongoing medication consumption was facilitating the applicant's ability to perform activities of daily living. Continuing the same, on balance, was, thus, indicated. Therefore, the request is medically necessary.

Lumbar brace: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004.

MAXIMUS guideline: Decision based on MTUS Low Back Complaints 2004, Section(s): Physical Methods.

Decision rationale: Conversely, the request for a lumbar brace (AKA lumbar support) is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline ACOEM Chapter 12, page 301, lumbar supports have not been shown to have any lasting benefit beyond the acute phase of symptom relief. Here, the applicant was, quite clearly, well beyond the acute phase of symptom relief as of the date of the request, August 4, 2015, following an industrial injury of December 20, 1999. Introduction, selection, and/or ongoing usage of lumbar support were not indicated as of this relatively late stage in the course of the claim, per the MTUS Guideline in ACOEM Chapter 12, page 301. Therefore, the request is not medically necessary.