

Case Number:	CM15-0195165		
Date Assigned:	10/09/2015	Date of Injury:	09/02/2015
Decision Date:	11/23/2015	UR Denial Date:	09/08/2015
Priority:	Standard	Application Received:	10/05/2015

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 and knee pain reportedly associated with an industrial injury of April 19, 2000. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator referenced an RFA form received on September 2, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log seemingly suggested that the most recent note on file was an Agreed Medical Evaluation (AME) dated July 10, 2015. On an admission history and physical dated July 3, 2015, the applicant was described as having a 10-year history of polysubstance abuse with known heavy usage and abuse of OxyContin, Klonopin, Ambien, and Adderall. The applicant had multiple prior psychiatric treatments for detoxification. The applicant was described as having significantly deteriorated and/or decompensated of late. The applicant was still smoking, it was acknowledged. The applicant was given a primary operating diagnosis of polysubstance abuse with a resultant Global Assessment of Function (GAF) of 25, it was reported. The applicant's medications reportedly included OxyContin, Norco, Ambien, Klonopin, Adderall, Robaxin, and Seroquel. An internal medicine consultation reported on July 3, 2015 suggested that the claimant had known issues with opioid dependency and abuse. The applicant was apparently taking six 80 mg of OxyContin tablets daily along with one tablet of OxyContin 40 mg daily in conjunction with four Norco 10/325 tablets. The applicant was off work and had been on disability since 2002, it was reported. The applicant was still smoking. The applicant denied any current alcohol abuse and also reportedly denied current marijuana

and/or cocaine use. The applicant was described as having previously used cocaine and marijuana in the remote past, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (Chronic).

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

Decision rationale: No, the request for OxyContin, a long-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 was off work and had been on disability since 2002, an internal medicine consultant reported on July 3, 2015. A separate progress note of July 3, 2015 was notable for commentary to the effect that the claimant had experienced "severe deterioration of function," despite ongoing OxyContin usage. It did not appear, in short, that the claimant was deriving appropriate improvements in mood and/or function needed to justify continuation of OxyContin. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that grounds for discontinuation of opioid therapy include the absence of improvements in function and/or the presence of "serious non-adherence." Here, the applicant was described on two separate progress notes of July 3, 2015 as having issues with opioid dependency and abuse. The applicant was apparently taking opioids in excess of prescribed parameters. All of the foregoing, taken together, strongly suggested that discontinuation of opioid therapy with OxyContin represented a more appropriate option than the continuation of the same. Therefore, the request was not medically necessary.