

Case Number:	CM15-0021596		
Date Assigned:	02/11/2015	Date of Injury:	03/07/2010
Decision Date:	03/31/2015	UR Denial Date:	01/24/2015
Priority:	Standard	Application Received:	02/04/2015

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, Ohio, 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] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 7, 2010. In a Utilization Review Report dated January 24, 2015, the claims administrator failed to approve a request for oxycodone. An RFA form dated January 15, 2015 was referenced. The applicant's attorney subsequently appealed. In an appeal letter dated October 29, 2014, the applicant reported ongoing complaints of neck pain, mid back pain, low back pain, and myofascial pain syndrome. The attending provider appealed previously denied oxycodone, Terocin, and Neurontin. The applicant had had a positive cocaine drug test several months prior, it is incidentally noted. The attending provider stated that the applicant had been advised to discontinue usage of cocaine. In a September 26, 2014 progress note, the applicant reported persistent complaints of low back, neck, and shoulder pain. The applicant was using oxycodone 30 mg at a rate of 10 tablets daily, Neurontin, and Terocin. The applicant was placed off of work, on total temporary disability. 6/10 widespread pain complaints were evident. The attending provider maintained that the applicant's pain scores were diminished as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Hydrochloride Tab 30mg: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.

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 was/is off of work, on total temporary disability, despite ongoing oxycodone usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing oxycodone usage. It is further noted that the applicant's consumption of oxycodone 30 mg at a rate of 10 tablets daily represents a total of 450 morphine equivalents, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines. This represents treatment well in excess of the 120 mg oral morphine equivalents per day recommended maximum established on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also suggests immediate discontinuation of opioids in applicants who are concurrently using illicit substances. Here, the applicant was/is concurrent using cocaine, it was suggested on at least one prior occasion. For all of the stated reasons, then, the request was not medically necessary.