

Case Number:	CM15-0025082		
Date Assigned:	02/17/2015	Date of Injury:	08/04/2005
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/10/2015

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 46-year-old Argonaut Insurance company beneficiary who has filed a claim for chronic pain syndrome reportedly associated with industrial injury of August 24, 2005. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for OxyContin. A RFA form dated January 21, 2015, was referenced. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported persistent of low back pain radiating to the left leg. The applicant was status post failed lumbar spine surgery, it was incidentally noted. The applicant was off of work and last worked in 2006, it was incidentally noted. The applicant also received epidural steroid injection therapy, 18 sessions of physical therapy, and 50 sessions of chiropractic manipulative therapy. The applicant medications included OxyContin, Cymbalta, and Lyrica. Both OxyContin and Cymbalta were endorsed while Lyrica was reportedly discontinued. The applicant was given work restrictions, which were resulting in the applicant's removal from the workplace. A neurology consultation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: FILE NUMBER: CM15-0025082CLINICAL SUMMARY: The applicant is a represented 46-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with industrial injury of August 24, 2005. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for OxyContin. A RFA form dated January 21, 2015, was referenced. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported persistent of low back pain radiating to the left leg. The applicant was status post failed lumbar spine surgery, it was incidentally noted. The applicant was off of work and last worked in 2006, it was incidentally noted. The applicant also received epidural steroid injection therapy, 18 sessions of physical therapy, and 50 sessions of chiropractic manipulative therapy. The applicant medications included OxyContin, Cymbalta, and Lyrica. Both OxyContin and Cymbalta were endorsed while Lyrica was reportedly discontinued. The applicant was given work restrictions, which were resulting in the applicant's removal from the workplace. A neurology consultation was endorsed. 1. 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/is off of work, it was acknowledged on January 15, 2015. The applicant had not worked in many years, since 2006. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing OxyContin usage (if any). Therefore, the request was not medically necessary.