

Case Number:	CM15-0217450		
Date Assigned:	11/09/2015	Date of Injury:	02/01/1990
Decision Date:	12/24/2015	UR Denial Date:	10/15/2015
Priority:	Standard	Application Received:	11/04/2015

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, 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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 1, 1990. In a Utilization Review report dated October 15, 2015, the claims administrator failed to approve a request for OxyContin. An October 1, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On October 29, 2015, the applicant reported ongoing issues with chronic mid and low back pain. Activities as basic as sitting, standing, lifting, twisting, and driving remained problematic, the attending provider acknowledged. The applicant was on OxyContin, Flexeril, Pamelor, Topamax, Colace, and Senna, the treating provider acknowledged. The applicant was on earlier failed lumbar spine surgery, the treating provider reported. OxyContin was renewed. Treating provider contended in one section of the note, the applicant was working on a part-time basis with a 20-pound lifting limitation in place, and also stated that usage of OxyContin was ameliorating the applicant's ability to perform activities of daily living to include self care and dressing. On October 1, 2015, the treating provider noted that the applicant had ongoing issues with chronic mid and low back pain. The applicant's medications reportedly included OxyContin, Flexeril, Pamelor, Topamax, Colace, Senna, the treating provider once again reported. The treating provider again stated that the applicant was employed on a part-time basis, with a 20-pound lifting limitation in place. The treating provider again contended that OxyContin was generating a 70% reduction in pain and associated improvement in activities of daily living to include self-care and dressing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #90: Overturned

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

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

Decision rationale: Yes, the request for OxyContin, a long-acting opioid, was 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 part-time basis, the treating provider reported on office visits of October 1, 2015 and October 29, 2015. Ongoing usage of OxyContin was reducing the applicant's pain complaints by 70%, the treating provider reported on August 1, 2015 and also suggested that OxyContin was generating an appropriate improvement in non-work activities of daily living. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.