

Case Number:	CM15-0051998		
Date Assigned:	03/25/2015	Date of Injury:	01/23/2007
Decision Date:	05/01/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/18/2015

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 61-year-old who has filed a claim for chronic shoulder, arm, elbow, wrist, hand, and upper extremity pain reportedly associated with an industrial injury of January 23, 2007. In a Utilization Review Report dated February 19, 2015, the claims administrator approved a follow-up visit while denying requests for OxyContin and oxycodone. The claims administrator referenced a February 4, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On November 13, 2014, OxyContin, Dilaudid, urine drug testing, and an elbow injection were proposed. In a December 3, 2014 progress note, the applicant was placed off of work while Norco, OxyContin, and oxycodone were renewed. It was suggested that the applicant had retired from his former employment. On January 8, 2015, the applicant reported ongoing complaints of low back and knee pain, 6/10. The applicant was apparently prescribed OxyContin, oxycodone, Norco, Lunesta, Klonopin, and Lidoderm. The applicant's pain complaints were described as chronic and intractable, it was acknowledged. The applicant was described as "medically retired" and/or "a qualified injured worker".

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg #60: 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): 80.

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 of work, the treating provider acknowledged. The applicant had been deemed a "qualified injured worker", the treating provide acknowledged. The applicant was receiving Workers' Compensation indemnity benefits. The applicant continued to report pain complaints as high as 6/10, despite ongoing OxyContin usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result on ongoing OxyContin usage (if any). Therefore, the request is not medically necessary.

Oxycodone 15mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for oxycodone, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not set forth a clear or compelling case for provision of two separate short-acting opioids, Norco and Oxycodone. Therefore, the request is not medically necessary.