MAXIMUS Federal Services

Case Number:	CM15-0052083		
Date Assigned:	03/25/2015	Date of Injury:	10/01/2009
Decision Date:	05/01/2015	UR Denial Date:	02/23/2015
Priority:	Standard	Application Received:	03/19/2015

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 54-year-old who has filed a claim for chronic neck, wrist, mid back, and elbow pain reportedly associated with an industrial injury of October 1, 2009. In a Utilization Review report dated February 23, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator referenced a February 11, 2015 progress note in its determination. The claims administrator contended that the applicant had been using OxyContin since 2012, without profit. The applicant's attorney subsequently appealed. In an RFA form dated March 12, 2015, the attending provider sought authorization for six sessions of physical therapy, OxyContin, and Norco. In an associated progress note of March 12, 2015, the applicant reported ongoing complaints of neck pain, arm pain, back pain, and leg pain. The applicant had developed issues with complex regional pain syndrome (CRPS) following earlier failed carpal tunnel release surgery, it was incidentally noted. 8-9/10 pain without medications versus 6-7/10 pain with medications was reported. The attending provider stated that the medications were beneficial for the applicant. The applicant was using OxyContin, Norco, Maxzide, Ambien, and Celebrex. The attending provider then stated that performance of activities of daily living, including work, concentration, mood, sleeping, and overall function were adversely impacted by the applicant's chronic pain complaints. Multiple medications were renewed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. In a progress note dated February 10, 2015, the applicant again reported 9/10 pain without medications versus 6-7/10 pain with medications. Once again, Norco and OxyContin were renewed. The applicant's work status was not explicitly detailed, although the

attending provider reported that the applicant's ability to perform activities of daily living, including work, concentrating, mood, and sleeping were all adversely impacted as a result of ongoing pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg, #120: Upheld

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

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 seemingly off work. The applicant continued to report that ongoing pain complaints were interfering with his ability to work, concentrate, interact with others, sleep, etc. While the attending provider did report some reduction in pain scores from 8-9/10 without medications to 6-7/10 with medications, this reduction in pain scores, however, appears marginal-to-negligible and was outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function effected as a result of ongoing opioid therapy (if any). Therefore, the request was not medically necessary.