

Case Number:	CM14-0144132		
Date Assigned:	09/12/2014	Date of Injury:	02/16/1994
Decision Date:	10/15/2014	UR Denial Date:	08/19/2014
Priority:	Standard	Application Received:	09/05/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain, muscle spasms, and insomnia reportedly associated with an industrial injury of February 14, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; sleep aids; adjuvant medications; anxiolytic medications; earlier lumbar spine surgery; and topical compounds. In a Utilization Review Report dated August 19, 2014, the claims administrator denied a request for OxyContin, oxycodone, and temazepam. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant reported persistent complaints of low back pain, muscle spasm, and insomnia. The applicant was using Zanaflex, Colace, tramadol, Calan, Mirapex, Norco, Atarax, Lunesta, Restoril, and Remeron, it was stated. In one section of the report, it was stated that the applicant had severe low back pain radiating to the bilateral legs with severe complaints of spasm and anxiety. The applicant was asked to continue OxyContin and Neurontin. The applicant was asked to stop Restoril on this occasion. The applicant's work status was not clearly stated, although it did not appear that the applicant was working, at age 77. In an August 11, 2014 progress note, the applicant reported persistent complaints of low back pain, 6/10. In one section of the report, it was stated that the applicant's pain was well controlled while another section of the report stated that the applicant had severe complaints of low back pain radiating to the bilateral legs, with attendant complaints of anxiety and muscle spasm. The applicant was asked to continue OxyContin, oxycodone, and Neurontin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request (DOS: 7/16/14) for Oxycontin 40mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. In this case, however, the applicant is seemingly no longer working at age 77. The applicant's complaints of low back pain radiating to the bilateral lower extremities are described as severe. The attending provider has failed to recount any specific, material, or tangible improvements in function achieved as a result of ongoing opioid therapy, including ongoing OxyContin usage. Therefore, the request is not medically necessary.

Retrospective request (DOS: 7/16/14) for Oxycodone 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. In this case, the applicant is no longer working, although it is acknowledged that this may be a function of age (77) as opposed to a function of the industrial injury. However, the applicant continues to report complaints of severe low back pain radiating to the bilateral lower extremities. The attending provider has failed to recount or expound upon the presence of any tangible or material improvements in function achieved as a result of ongoing opioid therapy, including ongoing oxycodone usage. Therefore, the request is not medically necessary.