MAXIMUS Federal Services

Case Number:	CM14-0145307		
Date Assigned:	09/12/2014	Date of Injury:	04/26/2002
Decision Date:	10/17/2014	UR Denial Date:	08/16/2014
Priority:	Standard	Application Received:	09/08/2014

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 reportedly associated with an industrial injury of April 26, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; topical agents; and a cane. In a Utilization Review Report dated August 16, 2014, the claims administrator partially certified a request for Oxycodone immediate release, reportedly for weaning purposes. In an August 1, 2014 appeal letter, the attending provider complained that the applicant had a variety of chronic pain complaints. The applicant had reportedly had pseudarthrosis of the spine, it was stated. It was stated that the applicant's overall pain control was good. It was stated that the applicant was a candidate for further spine surgery but was unwilling to undergo a major surgery. In an August 20, 2014 letter, the attending provider again complained that the applicant had progressive, severe chronic low back pain. The attending provider complained that the claims administrator was imposing its own judgment on both him and on the applicant. There was no explicit discussion of medication efficacy, however. In an earlier note dated July 15, 2014, the applicant reported persistent complaints of low back pain. The applicant was moving slowly, with an antalgic gait, using a cane. Again, there was no explicit discussion of medication efficacy on this occasion. The applicant apparently presented on various occasions throughout 2014 to the attending provider to obtain various medication refills, for both Oxycodone and Methadone, including on March 17, 2014, January 20, 2014, April 14, 2014, and June 9, 2014. On June 9, 2014, the applicant stated that he felt his low back pain was worse and expressed concern that he may have broken some of the indwelling surgical fusion hardware. The applicant was asked to follow up with his surgeon. On March 17, 2014, it was stated that the applicant was still experiencing a great deal of pain. In a letter dated July 21, 2014, the attending provider again

wrote that the medications in question were allowing the applicant to perform basic activities of daily living but did not elaborate as to what these activities of daily living were. It was stated that the applicant was using a combination of Oxycodone immediate release and Methadone.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Oxy IR 15mg #240: Upheld

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

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 off of work. The attending provider's progress notes failed to quantify any reduction in pain scores achieved as a result of ongoing opioid therapy and, furthermore, it is seemingly suggested on several occasions that the applicant was worsened, as opposed to improve, despite ongoing opioid usage, including ongoing Oxycodone usage. The applicant is using a cane to move about and is having difficulty performing activities of daily living as basic as walking, it was further noted on several occasions. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.