

Case Number:	CM14-0101748		
Date Assigned:	09/16/2014	Date of Injury:	01/28/1999
Decision Date:	06/29/2015	UR Denial Date:	06/26/2014
Priority:	Standard	Application Received:	07/01/2014

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. 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:

Patient is a 53 year old male with persistent lower back pain (LBP) reportedly associated with an industrial injury of January 28, 1999. In a Utilization Review report dated June 26, 2014, the claims administrator failed to approve a request for oxycodone. A partial approval was apparently issued for weaning or tapering purposes. A RFA form received on June 12, 2014 and an associated progress note of the same date were referenced in the determination. The applicant's attorney subsequently appealed. On March 20, 2015, the applicant reported ongoing complaints of low back pain with derivative complaints of osteoporosis and alleged hypogonadism. The applicant acknowledged that negotiating stairs, bending, twisting, running, sitting, standing, walking, and lifting all remained problematic. 7/10 pain with medications versus 10/10 pain without medications was appreciated. The attending provider stated that the applicant would be bedridden without his medications. The applicant was severely obese, with a BMI of 40. The applicant was placed off of work, on total temporary disability. The applicant's medication list included morphine extended release, morphine immediate release, Zestril, Crestor, Keflex, testosterone, insulin, Prevacid, Advair, Januvia, and Trilipix, it was acknowledged. On May 19, 2014, the applicant was placed off of work, on total temporary disability. Opana and Opana extended release were endorsed for ongoing complaints of low back pain. The attending provider again stated that the applicant would be bedridden without his medications. The applicant was apparently using a walker to move about, it was stated on this occasion. On June 12, 2014, the applicant reported 7/10 pain with medications versus 10/10 without medications. The attending provider again stated that the applicant would be bedridden

without his medications and continued to report difficulty performing activities of daily living as basic as sitting, standing, lifting, twisting, running, and walking. Oxycodone and Opana were endorsed on this occasion while the applicant was kept off of work, on total temporary disability. The applicant was also apparently using tramadol, it was suggested. The attending provider's documentation of the applicant's complete medication list appeared to have been incomplete.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription of Oxycodone HCL 15mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Acupuncture Treatment Guidelines, Chronic Pain Treatment Guidelines Opioids, long - term assessment.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for oxycodone, a short-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, on total temporary disability, it was acknowledged on multiple progress notes of 2014 and 2015, referenced above. While the attending provider did apparently recount some reduction in pain scores from 10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify any meaningful or material improvements in function (if any) as a result of ongoing opioid usage. The attending provider's commentary to the fact that the applicant was using a walker to move about and continued reports that activities of daily living as basic as sitting, standing, walking, and lifting remained problematic, taken together, do not make a compelling case for continuation of opioid therapy. The attending provider's commentary to the fact that the applicant would be bedridden without his medications do not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.