

Case Number:	CM14-0059328		
Date Assigned:	07/09/2014	Date of Injury:	04/28/2001
Decision Date:	06/03/2015	UR Denial Date:	04/18/2014
Priority:	Standard	Application Received:	04/30/2014

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:

The applicant is a represented 60-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of April 28, 2001. In a Utilization Review report dated April 18, 2014, the claims administrator failed to approve a request for OxyContin and Roxicodone (oxycodone). The claims administrator stated, it was incidentally noted, approved a request for Effexor. Progress notes of March 20, 2014 and April 28, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. On November 4, 2014, the applicant reported ongoing complaints of low back pain status post three failed lumbar spine surgeries. Continued radiation of pain to the lower extremities was noted. The attending provider noted that the applicant was using oxycodone, Norco, and OxyContin. Highly variable 2-9/10 pain complaints were noted. Activities of daily living as basic as lifting, sitting, standing, walking, and changing positions remain problematic. The applicant was spending much of her time lying in bed and/or at home, it was acknowledged. Effexor, Norco, and OxyContin were renewed. Updated lumbar spine x-rays were endorsed. The applicant was asked to consider facet injections. The applicant was reportedly using oxycodone at a rate of six tablets a day, Norco at a rate of eight tablets a day and OxyContin on a four times a day, scheduled basis. On December 5, 2014, OxyContin, Norco, oxycodone, and Effexor were all renewed. Once again, the applicant's low back pain was described as unchanged, highly variable, and ranging anywhere from 2-10/10. Lifting, sitting, and changing position remained problematic. The applicant was spending much of the time lying in bed and/or at home. The applicant was

depressed and anxious it was reported. The applicant's work status was not stated, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80 mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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's work status was not outlined on multiple progress notes, referenced above, suggesting that the applicant was not, in fact, working. While the attending provider reported on some occasions that the applicant's pain scores were reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's stated outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider's commented to the effect that the applicant was not out of the house daily, spends half of her day lying in bed, and had difficulty performing activities of daily living such as lifting, sitting, standing, and walking, taken together, did not make compelling case for continuation of opioid therapy. Furthermore, the attending provider's commentary on December 5, 2014 effected that the applicant was using eight tablets of Norco daily and six tablets of oxycodone daily for breakthrough pain, taken together, suggested that the applicant was not, in fact, deriving adequate or appropriate analgesia from ongoing, scheduled OxyContin usage. Therefore, the request was not medically necessary.

Roxicodone 15 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical 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 Roxicodone (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 opioid should be employed to improve pain and function. Here, however, the attending provider seemingly gave the applicant two separate short acting opioids, oxycodone (Roxicodone) which

the applicant was using at a rate of six tablets a day, it was reported December 6, 2014, and Norco, which the applicant was using at a rate of eight tablets a day, on December 5, 2014. A clear or compelling rationale for concurrent use of two separate short acting opioids was not furnished. Therefore, the request was not medically necessary.