

Case Number:	CM15-0015109		
Date Assigned:	02/03/2015	Date of Injury:	11/25/2002
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 25, 2002. In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve requests for OxyContin and Percocet. The claims administrator referenced an RFA form received on December 30, 2015 in its determination. The applicant's attorney subsequently appealed. In a December 8, 2014 progress note, the applicant reported 8 to 8-1/2 over 10 neck, low back, and shoulder pain. The applicant was asked to perform activities of daily living as basic as sitting, standing, lifting, pushing, pulling, standing, walking, it was acknowledged. The applicant was having difficulty doing his own cooking, laundry, housekeeping, and shopkeeping, it was further noted. The applicant was placed off of work, on total temporary disability. The applicant had received an earlier spinal cord stimulator for the lumbar spine, it was acknowledged. The applicant had apparently not worked in the preceding 14 years, it was acknowledged. No discussion of medication efficacy transpired. On January 15, 2015, the attending provider reported that the applicant had ongoing complaints of pain in the 9-1/2 over 10 range without medications versus 8/10 with medications. The applicant was using both OxyContin and Percocet. The applicant was status post earlier failed fusion surgery. The applicant was severely obese, with BMI of 45. Both OxyContin and Percocet were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 1. 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/is off of work, on total temporary disability. The applicant has apparently not worked in over 14 years, the treating provider acknowledged on December 8, 2014. While the attending provider did report some reduction in pain scores from 9-1/2 over 10 to 8/10 on January 15, 2015, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, Therapeutic Trial of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 97.

Decision rationale: 2. Similarly, the request for Percocet, a short-acting opioid, was likewise 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/is off of work, it was acknowledged in progress notes of December 2014 and January 2015. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, housekeeping, cooking, etc., despite ongoing opioid usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.