

Case Number:	CM15-0114077		
Date Assigned:	07/22/2015	Date of Injury:	01/01/2010
Decision Date:	08/28/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	06/12/2015

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, 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 64-year-old who has filed a claim for chronic neck, shoulder, and mid back pain reportedly associated with an industrial injury of January 1, 2010. In a Utilization Review report dated June 10, 2015, the claims administrator failed to approve a request for Oxycontin. The claims administrator referenced an RFA form received on May 27, 2015 in its determination. The applicant's attorney subsequently appealed. On April 27, 2015, the applicant reported ongoing complaints of low back pain, 9/10, aching, burning, and shooting. Ancillary complaints of neck pain were reported. The applicant's pain complaints were aggravated by activities as basic as coughing, sneezing, and sitting, it was reported. The applicant was placed off of work, on total temporary disability, while Cymbalta and Oxycontin were renewed. The attending provider stated that the applicant's medications were reducing her pain scores by 10%.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin; 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 was off of work, on total temporary disability, it was reported on April 27, 2015. The applicant reported severe pain complaints in the 9/10 range, it was reported on that date. While the attending provider did recount a reduction in pain scores by 10% on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Oxycontin usage. Therefore, the request was not medically necessary.