

Case Number:	CM15-0123790		
Date Assigned:	07/08/2015	Date of Injury:	02/04/2008
Decision Date:	08/11/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	06/26/2015

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 39-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 14, 2008. In a Utilization Review report dated June 19, 2015, the claims administrator failed to approve requests for OxyContin and oxycodone. The claims administrator referenced an RFA form and associated office visit of May 13, 2015 in its determination. The applicant's attorney subsequently appealed. Electrodiagnostic testing dated May 1, 2015 was negative for any lumbar radiculopathy or peripheral neuropathy. The applicant was on OxyContin, oxycodone, Cymbalta, Flexeril, and Ultram, the electrodiagnostician reported, following earlier failed lumbar fusion surgery in 2013. Medication selection and medication efficacy were not discussed. On May 13, 2015, the applicant reported 10/10 pain without medications versus 7/10 pain with medications. The attending provider stated that the applicant's pain medications were keeping his pain within manageable levels. The applicant was on naproxen, baclofen, tramadol, oxycodone, and OxyContin, it was reported. The attending provider acknowledged that the applicant's pain complaints were significantly impacting the applicant's ability to sleep, work, concentrate, function, interact with others, etc. The applicant could do "very little" in terms of all activities such as walking, shopping, and household chores, it was acknowledged. The applicant was using a cane and a back brace to move about, it was reported. OxyContin, oxycodone, and Cymbalta were all renewed. The applicant's work status was not explicitly detailed at the bottom of the report, 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 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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, the prescribing provider did not explicitly detail the applicant's work status on the May 13, 2015 progress note in question, although it was reported that the applicant's pain complaints were interfering with his ability to sleep, work, function, concentrate, walk, stand, shop, and perform household chores, strongly suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline a meaningful, material, and/or substantive improvements in function effected as a result of ongoing OxyContin usage (if any). Therefore, the request was not medically necessary.

Oxycodone 10mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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

Decision rationale: Similarly, the request for oxycodone, 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 attending provider suggested that the applicant was not working on a progress note dated May 13, 2015, at which point it was stated that the applicant's pain complaints were interfering with his ability to sleep, work, function, concentrate, interact with others, stand, walk, shop, etc. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.