

Case Number:	CM15-0124418		
Date Assigned:	07/08/2015	Date of Injury:	02/17/2003
Decision Date:	08/11/2015	UR Denial Date:	06/16/2015
Priority:	Standard	Application Received:	06/29/2015

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 [REDACTED] Beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 17, 2003. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for oxycodone. The claims administrator referenced an RFA form dated May 15, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated May 13, 2015, Soma, OxyContin, and oxycodone were renewed, seemingly without any supporting rationale or progress note. On April 14, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. 8/10, constant low back pain was reported. The applicant exhibited a visibly antalgic gait. The attending provider stated that the applicant would have difficult to function without her medications. In another section of the note, the applicant reported 8-9/10 pain without medications versus 4-5/10 pain with medications. The applicant had difficulty sleeping, it was further noted. The applicant work status was not detailed, although it did not appear that the applicant was working following an earlier failed lumbar spine surgery. On March 10, 2015, the treating provider furnished the applicant's prescription of Soma, OxyContin, and oxycodone. Once again, the treating provider stated that the applicant's could not function without her medications but did not elaborate further. The applicant's work status was not detailed. On March 3, 2015, the applicant reported ongoing complaints of low back pain. The applicant was independently ambulatory, it was acknowledged. The applicant was described as having a poor outcome following earlier lumbar spine surgery. The attending provider again stated that the applicant's medications were allowing her to complete activities of daily living but, once again, did not elaborate further. The attending provider suggests that the applicant's would benefit from a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Tab 30mg 1 Po Bid #50: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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 includes 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 2015 progress notes, reference above, suggesting that the applicant was not, in fact, working. While the attending provider stated that the applicant's medications were beneficial on multiple office visits, referenced above, the attending provider consistently failed to outline or identify meaningful, material, and/or substantive improvements in function effected as a result of ongoing oxycodone usage, including on April 14, 2015. Therefore, the request was not medically necessary.