MAXIMUS Federal Services

Case Number:	CM15-0171865		
Date Assigned:	09/14/2015	Date of Injury:	10/15/2013
Decision Date:	10/21/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	09/01/2015

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 claimant is a represented 31-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 15, 2013. In a Utilization Review report dated August 12, 2015, the claims administrator failed to approve a request for oxycodone. An RFA form dated July 29, 2015 was referenced in the determination, along with an associated office visit of July 13, 2015. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of low back pain, 9/10. The applicant was using oxycodone at a rate of four times daily, it was reported. The applicant's medication list included Skelaxin, oxycodone, and Motrin, it was reported in one section of the note. In another section of the report, the applicant was placed off of work, on total temporary disability, while oxycodone was renewed. Little seeming discussion of medication efficacy transpired. On April 20, 2015, the applicant reported issues of anxiety and sleep disturbance secondary to his chronic pain complaints. On July 30, 2015, the applicant reported issues with neurogenic claudication preventing his walking for more than two blocks at a time. The applicant was asked to pursue a multilevel lumbar discectomy procedure. The applicant was using oxycodone, it was reported on this date. No seeming discussion of medication efficacy transpired, however.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 15mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 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 placed off of work, on total temporary disability, on May 4, 2015. Pain complaints as high as 9/10 were reported on that date. A subsequent note dated July 30, 2015 was notable for commentary to the effect that the applicant had significant complaints of neurogenic claudication and reported inability to walk more than two blocks. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing oxycodone usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.