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| Case Number: | CM15-0037976 | | |
| Date Assigned: | 03/06/2015 | Date of Injury: | 02/16/2002 |
| Decision Date: | 04/15/2015 | UR Denial Date: | 02/06/2015 |
| Priority: | Standard | Application Received: | 02/27/2015 |

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, 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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of September 15, 2012. In a Utilization Review Report dated February 6, 2015, the claims administrator failed to approve a request for OxyContin and Nucynta. The claims administrator referenced a progress note and RFA form of January 15, 2015 in its determination. The claims administrator contended that the applicant had failed to profit from the medications at issue. The applicant's attorney subsequently appealed. In a November 29, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier failed lumbar fusion surgery. The applicant had undergone a spinal cord stimulator implantation. Flexeril or Neurontin were endorsed. The applicant was obese, with a BMI of 33. The applicant's work status was not detailed. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. The applicant's work status was not detailed. On January 15, 2015, the applicant reported persistent complaints of low back pain. The applicant reported heightened complaints of pain over the preceding two to three weeks. 10/10 pain was reported, versus 3-8/10 pain with medications, highly variable. Sitting, standing, and walking remained problematic, the treating provider acknowledged. The applicant underwent spinal cord stimulator reprogram. OxyContin and Nucynta were renewed. The applicant's work status was not clearly outlined, 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 15mg #90: 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 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's work status was not detailed on multiple office visits, referenced above, including on the January 15, 2015 progress note at issue. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 3-8/10 with medications on that date, these were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline any meaningful or material improvements in function effected as a results of ongoing OxyContin usage (if any). Therefore, the request was not medically necessary.

Nucynta 50mg #15: 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: Similarly, the request for Nucynta, 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's work status was not clearly outlined on multiple office visits, referenced above, including on January 15, 2015. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing opioid therapy on that date, these were, however, outweighed by the attending provider's failure to report the applicant's work status and the attending provider's failure to outline any meaningful, material, and/or significant improvements in function effected as a result of ongoing Nucynta usage (if any). Therefore, the request was not medically necessary.