

Case Number:	CM15-0066177		
Date Assigned:	04/13/2015	Date of Injury:	11/07/2000
Decision Date:	05/13/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/07/2015

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 63-year-old who has filed a claim for chronic neck pain reportedly associated with an industrial injury of November 7, 2000. In a Utilization Review report dated March 12, 2015, the claims administrator partially approved a request for OxyContin, apparently for weaning or tapering purposes. A March 9, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On April 6, 2015, the applicant reported ongoing complaints of neck and low back pain. Valium, OxyContin, and oxycodone were refilled, without any seeming discussion of medication efficacy. The applicant was also using testosterone, Neurontin, and Elavil, it was incidentally noted. The applicant's work status was not provided. On March 10, 2015, the applicant reported ongoing complaints of neck pain with associated muscle spasms. OxyContin and oxycodone were again renewed. The applicant apparently stated that his medications were helping him to live a normal life, although this was not detailed or expounded upon. It was acknowledged that the applicant had a history of alcoholism, currently in remission, and depression, treated through a psychiatrist. Once again, the applicant's work and functional status were not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On going management, weaning of medications.

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 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, multiple progress notes of early 2015, referenced above, failed to contain any discussion of or references to the applicant work status, suggesting that the applicant was not, in fact, working. While the attending provider stated that medication consumption had proven beneficial, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.