

Case Number:	CM15-0066178		
Date Assigned:	04/14/2015	Date of Injury:	01/30/2001
Decision Date:	05/13/2015	UR Denial Date:	04/03/2015
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 51-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 13, 2001. In a Utilization Review report dated April 3, 2015, the claims administrator failed to approve requests for OxyContin and oxycodone. A progress note dated March 31, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On October 20, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral legs, right greater than left. 10/10 pain without medications versus 4-9/10 with medications was reported. The applicant reported derivative complaints of anxiety and depression. OxyContin, oxycodone, and Zoloft were apparently renewed. The applicant had undergone earlier failed lumbar spine surgery, it was acknowledged. The applicant did exhibit a visible limp. The applicant's work status was not detailed. On March 20, 2015, the applicant reported at-times severe low back pain, ranging from 4/10 with medications versus 10/10 without medications. The applicant was off of work and receiving Social Security Disability Insurance (SSDI), it was acknowledged. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. OxyContin, oxycodone, and Zoloft were all renewed. Once again, the applicant exhibited a visible limp.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone); CRITERIA FOR USE OF OPIOIDS.

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 was off of work, it was acknowledged on March 23, 2015. The applicant was receiving Worker's Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider reported. While the treating provider reported some reduction in pain scores effected as a result of ongoing medication consumption when these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The applicant's continuing difficulty performing activities of daily living as basic as standing and walking, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request was not medically necessary.

Oxycodone IR (immediate release) 30mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (oxycodone).

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 applicant was off of work. The applicant was receiving both Worker's Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider acknowledged. While the attending provider did report some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing medication consumption, including ongoing oxycodone usage. Therefore, the request was not medically necessary.