

Case Number:	CM15-0069995		
Date Assigned:	04/17/2015	Date of Injury:	08/12/2003
Decision Date:	05/19/2015	UR Denial Date:	03/26/2015
Priority:	Standard	Application Received:	04/13/2015

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 67-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of August 12, 2013. In a Utilization Review report dated March 26, 2015, the claims administrator failed to approve requests for OxyContin and Norco. Partial approval was apparently furnished for weaning or tapering purposes. A progress note of March 19, 2015 and an associated RFA form of March 23, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On March 19, 2015, the applicant reported ongoing complaints of neck and upper shoulder pain. The attending provider stated that OxyContin and Norco had proven beneficial but declined to elaborate further. OxyContin and Norco were renewed. The applicant had undergone earlier cervical spine surgery in 1991, it was incidentally noted. On February 19, 2015, the attending provider stated that the applicant was deriving appropriate analgesia and improvements in function from ongoing Norco and OxyContin usage. The attending provider stated that the applicant had returned to work on this occasion. OxyContin and Norco were renewed. The attending provider maintained that the applicant's medications were helping him maintain successful return to work status. On November 20, 2014, the attending provider again stated that the applicant was returned to regular duty work. The attending provider maintained that usage of medications was reducing the applicant's pain complaints from 8/10 without medications to 3-4/10 with medications. The applicant's ability to perform home exercises was improved as a result of ongoing medication consumption, the treating provider reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 10 MG #90 with No Refills: Overturned

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: Yes, the request for OxyContin, a long-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had apparently returned to and maintained full-time work status, the treating provider reported on several occasions, referenced above, in late 2014 and early 2015. The applicant was, furthermore, deriving appropriate analgesia from ongoing opioid therapy, the treating provider also noted on multiple occasions, including on November 20, 2014. The applicant's ability to maintain a regular exercise program had also been ameliorated as a result of ongoing opioid therapy, the treating provider reported. Continuing OxyContin, on balance, was indicated. Therefore, the request is medically necessary.

Norco 10/325 MG #60 with No Refills: Overturned

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 Norco, a short-acting opioid, was likewise medically necessary, medically appropriate, and 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, the applicant had returned to and maintained full-time work status with ongoing opioid usage, the treating provider maintained on several progress notes of late 2014 and early 2015, referenced above. The applicant was deriving appropriate analgesia from the opioids, in question, the treating provider suggested and also noted that the applicant's ability to maintain regular exercise program had been improved as a result of opioid therapy. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.