

Case Number:	CM15-0088750		
Date Assigned:	05/13/2015	Date of Injury:	08/23/2001
Decision Date:	11/16/2015	UR Denial Date:	04/16/2015
Priority:	Standard	Application Received:	05/08/2015

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] beneficiary who has filed a claim for reflex sympathetic dystrophy (RSD) reportedly associated with an industrial injury of August 23, 2001. In a Utilization Review report dated April 16, 2015, the claims administrator failed to approve a request for OxyContin. The claims administrator an April 10, 2015 RFA form and progress notes dated March 30, 2015 and March 2, 2015 in its determination. The applicant's attorney subsequently appealed. On March 2, 2015, the applicant reported ongoing complaints of right lower extremity pain. The applicant's medications included OxyContin, Neurontin, Cymbalta, Lyrica, and Cialis, it was reported. The applicant was given multiple medication refills, including OxyContin. The attending provider contended that the applicant's pain scores reduced by 50% as a result of ongoing OxyContin usage. The attending provider stated the applicant's ongoing usage of OxyContin permitted the applicant to work full time, full duty. The attending provider also contended that ongoing usage of OxyContin was ameliorating the applicant's ability to perform activities of daily living such as self-care and personal hygiene. Drug testing dated March 2, 2015 was seemingly positive for various opioid metabolites, including oxycodone. On March 30, 2015, the applicant reported ongoing complaints of right lower extremity pain. The applicant was using OxyContin, Neurontin, Cymbalta, Lyrica, and Cialis, it was reported. OxyContin was renewed. The attending provider again reiterated that ongoing usage of OxyContin was attenuating the applicant's pain complaints from 8/10 without medications to 4/10 with medications and that ongoing usage of OxyContin was facilitating the applicant's ability to work full time, full duty.

On February 9, 2010, an Agreed Medical Evaluator (AME) stated that the applicant had not worked since 2007 and was in fact receiving Workers' Compensation indemnity benefits. A separate Agreed Medical Evaluator (AME) also reported on January 3, 2012 that the applicant was off of work and had not worked since prior evaluation of March 2011. On June 27, 2012, another medical-legal evaluator reported that the applicant was self-employed as of this point in time and had a successful business as a general contractor, working approximately 20-30 hours per week.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 30mg, #90 with 2 post-dated prescriptions: Overturned

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: 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 achieved and/or maintained full-time, full-duty work status with ongoing OxyContin usage, the treating provider reported on office visits of March 2, 2015 and March 30, 2015. Ongoing usage of OxyContin was effectively attenuating the applicant's pain complaints by 50%, it was reported on those dates. Continuing the same, on balance, thus, was seemingly indicated, given the applicant's seemingly favorable response to and maintenance of full-time, full-duty work status with the same. Therefore, the request is medically necessary.