MAXIMUS Federal Services

Case Number:	CM15-0093467		
Date Assigned:	05/19/2015	Date of Injury:	02/07/2003
Decision Date:	06/24/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	05/14/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 7, 2003. In a Utilization Review report dated April 15, 2015, the claims administrator partially approved request for oxycodone, apparently for weaning or tapering purposes. A RFA form of April 6, 2015 and an associated progress note of April 2, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 2, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg. Sitting, standing, lifting, twisting, and driving all remained problematic, the treating provider reported. The applicant was reportedly using Colace, Cymbalta, Prilosec, Fiorinal, Ativan, oxycodone, and Topamax, it was reported. The applicant had a 30-plus-pack-year history of smoking, it was acknowledged. The applicant had undergone an earlier failed lumbar fusion surgery, it was reported. Permanent work restrictions were renewed while the attending provider appealed previously denied oxycodone. The attending provider stated that oxycodone had proven effective in terms of ameliorating the applicant's ability to dress herself and perform other activities of self care. It did not appear that the applicant was working with permanent restrictions in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone Tab 10 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, 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 oxycodone, 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, the applicant was off of work, it was suggested (but clearly stated) on April 2, 2015. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, lifting, twisting, and driving, it was further noted. While the attending provider did recount some reported reduction in pain scores by 50%, these reports were outweighed by the applicant's seeming failure to return to work and attending provider's failure to outline any meaningful, material or substantive improvements in function effected as result of ongoing oxycodone usage (if any). The attending provider's commentary to the fact that the applicant's ability to perform activities of self care, such as dressing herself as result of ongoing medication consumption did not constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing oxycodone usage. Therefore, the request was not medically necessary.