

Case Number:	CM15-0095580		
Date Assigned:	05/22/2015	Date of Injury:	07/12/2002
Decision Date:	06/25/2015	UR Denial Date:	05/09/2015
Priority:	Standard	Application Received:	05/18/2015

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 chronic low back pain (LBP) reportedly associated with an industrial injury of July 12, 2002. In a Utilization Review report dated May 9, 2015, the claims administrator denied a request for OxyContin. A RFA form dated May 1, 2015 and associated progress note of the same date were referenced in the determination. The claims administrator contended that the applicant had been using OxyContin since at least mid 2014, without profit. The applicant's attorney subsequently appealed. The applicant's attorney subsequently appealed. In a progress note dated April 10, 2015, the applicant reported ongoing complaints of low back pain, 5/10 with medications versus 8/10 without medications. The applicant was apparently trying to undergo an unspecified pain rehabilitation program of some kind. Methadone and Percocet were endorsed in place of OxyContin on this date. The applicant's work status was not detailed. Overall commentary was sparse. In an RFA form dated October 18, 2014, OxyContin was renewed. On February 3, 2015, the applicant reported 8/10 pain without medications versus 5/10 pain with medications. The applicant stated that he wished to undergo an inpatient pain rehabilitation program to try to get off of his medications. Percocet and OxyContin were renewed. The applicant's work status was not detailed. On January 6, 2015, the applicant again expressed the desire to wean off of his medications. Percocet, OxyContin, and Valium were nevertheless renewed. The applicant's work status, once again, was not detailed. In separate RFA forms of April 10, 2015, Percocet and OxyContin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 80mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycodone; Opioids, criteria for use.

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's work status was not detailed on multiple office visits, referenced above, including on April 10, 2015, suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 5/10 with medications, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status and the attending provider's failure to outline any meaningful, material, and/or significant improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.