

Case Number:	CM15-0095581		
Date Assigned:	05/22/2015	Date of Injury:	12/05/2007
Decision Date:	07/01/2015	UR Denial Date:	04/29/2015
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 neck and low back pain reportedly associated with an industrial injury of December 12, 2007. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for OxyContin. A RFA form of April 21, 2015 and an associated progress note of April 14, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a RFA form dated April 21, 2015, Neurontin, Lunesta, OxyContin, and Percocet were endorsed and/or dispensed. In an associated progress note dated April 14, 2015, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant had received earlier epidural steroid injection therapy, it was acknowledged. 8-10/10 pain complaints were reported. The applicant was only able to walk 100 feet without pain, the treating provide reported. Neurontin, Lunesta, OxyContin, and Percocet were renewed. The applicants work status was not, however, detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 applicants work status was not detailed as of the April 14, 2015 office visit in question. The applicant reported 8/10 pain on that date, however. While the attending provider stated that the applicants pain medications had reportedly generated 40% pain relief, these reports were, however, outweighed by the attending provider's failure to outline the applicants work status and the attending provider's commentary to the effect that the applicant was only able to walk up to 100 feet continuously secondary to pain. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with OxyContin. Therefore, the request was not medically necessary.