

Case Number:	CM13-0045605		
Date Assigned:	12/27/2013	Date of Injury:	11/30/2004
Decision Date:	03/07/2014	UR Denial Date:	10/28/2013
Priority:	Standard	Application Received:	11/12/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Physical Medicine & Rehabilitation and is licensed to practice in Oklahoma and Texas. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient was a 50-year-old male who sustained an industrial injury on 11/30/2004 which resulted in low back and leg pain, as well as increased pain in the right foot. Upon physical evaluation on 10/09/2013, the patient was seen for followup regarding his chronic low back pain and bilateral leg issues. The patient was noted as participating in a home exercise program with unknown outcome. The patient's pain level was not noted upon evaluation on 10/09/2013. The treatment plan was noted as consider reducing his Cymbalta down to 40 mg to minimize some of the drowsiness component, ankle strengthening exercises, updating his MRI, and refilling his medications: OxyContin 20 mg and Percocet 10 mg. It is additionally noted the patient was status post an L4-5 MLD with significant foraminal stenosis.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioids, Page(s): 74-79.

Decision rationale: The request for OxyContin is not supported. California MTUS Guidelines recommend the use of opioids be based on pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug-related behaviors. The documentation submitted for review failed to indicate the analgesic effect of the medication the patient was taking. Upon evaluation on 10/09/2013, the patient did not complain of pain noted on his documentation. The patient had noted concerns of a medication that he was taking, not the medication requested. The documentation submitted for review further indicated the patient non-adherent behavior per urinalysis performed on 06/12/2013. There was no additional urinalysis submitted for review to indicate the patient had continued taking medication and was adhering to his medication plan. In relation to the patient's continued functional abilities in relation to his medication, the documentation failed to indicate whether the patient was having increased ability to participate in his ADLs with the help of medication. Per the documentation submitted for review, it is unclear the need for further medicinal treatment to include the requested medications for the patient's functional ability. Given the information submitted for review, the request for OxyContin 20 mg #80 is non-certified.

Percocet 10 #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, Opioid Page(s): 74-79.

Decision rationale: The request for Percocet 10 #60 is not supported. California MTUS Guidelines recommend the use of opioids be based on pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potential aberrant drug-related behaviors. The documentation submitted for review failed to indicate the analgesic effect of the medication the patient was taking. Upon evaluation on 10/09/2013, the patient did not complain of pain noted on his documentation. The patient had noted concerns of a medication that he was taking, not the medication requested. The documentation submitted for review further indicated the patient non-adherent behavior per urinalysis performed on 06/12/2013. There was no additional urinalysis submitted for review to indicate the patient had continued taking medication and was adhering to his treatment plan. In relation to the patient's continued functional abilities in relation to his medication, the documentation failed to indicate whether the patient was having increased ability to participate in his ADLs with the help of medication. Per the documentation submitted for review, it is unclear the need for further medicinal treatment to include the requested medications for the patient's functional ability. Given the information submitted for review, the request for Percocet 10 #60 is non-certified.

Advil: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain Medical Treatment Guidelines, NSAIDs Page(s): 67-68.

Decision rationale: California MTUS Guidelines recommend the use of NSAIDs for acute exacerbation of chronic back pain as a second-line treatment after acetaminophen. Guidelines further recommend the use of NSAIDs for a short-term option of symptomatic relief for chronic low back pain. The documentation submitted for review did not have the indication of use for the medication requested. It is further noted the treatment plan documented on 10/09/2013 did not have Advil as part of the treatment plan. The request for Advil did not indicate the number, duration, or dosage of the medication requested. Duration and dosage are instrumental in re-evaluation of the patient's condition to allow for adjustment of treatment based on the efficacy of treatment. Given the information submitted for review, the request for Advil is non-certified.