MAXIMUS Federal Services

Case Number:	CM13-0052797		
Date Assigned:	12/30/2013	Date of Injury:	03/29/2007
Decision Date:	05/08/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/16/2013

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/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 applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 29, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and earlier lumbar microdiscectomy surgery in August 2010. In a Utilization Review Report of October 30, 2013, the claims administrator denied OxyContin, denied oxycodone, denied a trial of Cymbalta, and denied topical Terocin patches. The principal basis for the denial was the fact that the applicant was apparently using medical marijuana along with opioids. The applicant's attorney subsequently appealed. Little or no clinical progress notes were provided. In a Medical-Legal Evaluation of June 15, 2011, the applicant was apparently given a 21% whole-person impairment rating. Permanent work restrictions, including a 20- to 25-pound lifting limitation, were endorsed. It did not appear that the applicant was working as of that point. It is incidentally noted that the claims administrator did reference later progress notes, including a September 25, 2013 progress note, in its utilization review denial.

IMR ISSUES, DECISIONS AND RATIONALES

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

TEROCIN PATCHES (10 PATCHES) FOR THE LOW BACK: Upheld

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47,Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111. Decision based on Non-MTUS Citation MTUS: AMERICAN COLLEGE OF OCCUPATIONAL AND ENVIRONMENTAL MEDICINE, Chronic Pain Medical Treatment Guidelines ,

Decision rationale: The request for topical Terocin patches is not medically necessary, medically appropriate, or indicated here. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 3, page 47, oral pharmaceuticals are a first-line palliative method. In this case, however, there is no evidence of intolerance to and/or failure of multiple classes of first-line oral pharmaceuticals so as to justify usage of topical agents and/or topical compounds such as Terocin, which are, per page 111 of the MTUS Chronic Pain Medical Treatment Guidelines, as a class, "largely experimental." Again, no clinical progress notes were attached to the application for IMR so as to try and offset the unfavorable MTUS recommendation. Therefore, the request is not certified, on Independent Medical Review.

OXYCONTIN 30MG, #60, TWICE A DAY: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79.

Decision rationale: The request for OxyContin 30 mg twice daily is likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested for applicants who are concurrently using illicit drugs. In this case, the claims administrator had seemingly posited that the applicant is in fact using an illicit drug, marijuana, along with OxyContin, an opioid. This is grounds for immediate discontinuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not certified, on Independent Medical Review.

OXYCODONE 15MG, #180, EVERY FOUR (4) HOURS UP TO SIX (6) PER DAY AS NEEDED FOR PAIN: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids Page(s): 79.

Decision rationale: The request for oxycodone, an opioid, is likewise not medically necessary, medically appropriate, or indicated here. As with the request for OxyContin, oxycodone is likewise an opioid. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines suggests that opioids such as oxycodone be immediately discontinued in applicants who are concurrently

using illicit drugs. In this case, the utilization reviewer has seemingly posited that the applicant was using an illicit substance, marijuana, while concurrently receiving opioids. This is, per 79 of the MTUS Chronic Pain Medical Treatment Guidelines, grounds for immediate discontinuation of the same. Therefore, the request is not certified.

TRIAL OF CYMBALTA 30MG, ONE (1) EVERY DAY: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antidepressants (for Chronic Pain)..

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402,Chronic Pain Treatment Guidelines Duloxetine Page(s): 15.

Decision rationale: Finally, the request for a trial of Cymbalta is also not medically necessary, medically appropriate, or indicated here. While page 402 of the MTUS-adopted ACOEM Guidelines in Chapter 15 does endorse a brief course of antidepressants to alleviate symptoms of depression and anxiety, in this case, however, no recent clinical progress notes were attached to the application for IMR. The September 25, 2013 progress note in which Cymbalta was requested was seemingly not provided for review. There is no mention of issues with depression or anxiety for which introduction of Cymbalta would be appropriate. Similarly, page 15 of the MTUS Chronic Pain Medical Treatment Guidelines does suggest that Cymbalta, an antidepressant, can be employed off-label for neuropathic pain and/or radiculopathy. In this case, however, again, there is no mention of any issues with depression, anxiety, neuropathic pain, diabetic neuropathy, radiculopathy, fibromyalgia, etc. for which a trial of Cymbalta would be indicated. Again, no clinical progress notes were attached to the application for Independent Medical Review. Therefore, the request is not certified owing to lack of supporting information.