

Case Number:	CM13-0059362		
Date Assigned:	05/28/2014	Date of Injury:	05/01/2002
Decision Date:	07/11/2014	UR Denial Date:	11/13/2013
Priority:	Standard	Application Received:	12/02/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic low back and foot pain associated with an industrial injury of May 1, 2002. Thus far, the applicant has been treated with analgesic medications, interventional spine injection procedure, opioid therapy, and unspecified amounts of physical therapy. In a note dated May 1, 2014, the applicant was described as reporting persistent complaints of low back pain. The note did employ preprinted checkboxes and contained little in the way of narrative commentary. Authorization for psychological claims prior to pursuit of a spinal cord stimulator trial was sought. The applicant's medication list included Duragesic, Oxycontin, Oxycodone, Flexeril, Zestril, Norvasc, Clonidine, Xanax, Prilosec, Macrobid, and Lexapro. It was stated that the applicant's pain was worse with activities. It was stated that the applicant was using an ankle foot orthotics/ankle brace. Exercises were nevertheless encouraged, although it is unclear whether the applicant was using them or not. In another note dated November 11, 2013, the applicant was again described as having persistent complaints of low back pain radiating to the legs. The applicant exhibited right lower extremity strength scored at 4+/5 versus 5/5 left lower extremity. A right foot ankle-foot orthosis was endorsed at this point. On December 2, 2013, the applicant was again described as tripping over her right foot. It was stated that ankle-foot orthosis have still not been authorized. 4+/5 right lower extremity strength was noted.

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: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic.2. MTUS page When to Continue Opioids topic. Page(s): 79, 80.

Decision rationale: 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. In this case, the applicant does not appear to be working. The applicant is seemingly off of work. There is no compelling evidence of any improvements in function achieved as a result of ongoing opioid therapy. As further noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids should be discontinued in applicants in whom there is no overall improvement in function with ongoing opioid therapy. In this case, there does not appear to have been any clear or compelling evidence of improvements in function achieved as a result of ongoing Oxycontin usage. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF OXYCONTIN 40MG #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: 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 function, and/or reduced pain achieved as a result of the same. In this case, the applicant does not appear to have returned to work. The applicant's work status has not been clearly recounted on any recent progress note. There are no clearly described improvements in function achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

1 PRESCRIPTION OF OXYCODONE 30MG #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: 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 function, and/or reduced pain achieved as a result of the same. In this case, the applicant does not appear to have returned to work. The applicant's work status has not

been clearly recounted on any recent progress note. There are no clearly described improvements in function achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.

1 AFO BRACE: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Ankle Chapter, Ankle foot orthosis (AFO) topic.

Decision rationale: As noted in the Official Disability Guidelines, ankle-foot orthosis is endorsed in applicants who have evidence of a foot drop. In this case, the applicant has right foot weakness/right foot drop with strength about the foot in question consistently scored at 4+/5. The applicant is described as sometimes tripping over the foot in question. The applicant's foot weakness/foot drop may be ameliorated through usage of the ankle-foot orthosis in question. Therefore, the request is medically necessary.