

Case Number:	CM13-0062314		
Date Assigned:	12/30/2013	Date of Injury:	07/12/1995
Decision Date:	04/11/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	12/06/2013

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 neck pain, knee pain, and low back pain associated with accumulative trauma at work starting from July 12, 1995. Thus far, the applicant has been treated with analgesic medications, transfer of care to and from various providers in various specialties, long-acting opioids, unspecified amounts of physical therapy over the life of the claim, right shoulder arthroscopy, prior lumbar fusion surgery, a knee corticosteroid injection, multiple prior knee surgeries, and psychotropic medications. A November 21, 2013 progress note states that the applicant reports unchanged 6/10 neck pain with associated spasm and upper extremity paresthesias. Bilateral knee and low back pain are also reported at an unchanged 8/10. Limited range of motion and tenderness is noted about multiple body parts. The applicant is given diagnoses of chronic low back pain status post lumbar fusion surgery, chronic neck pain, myofascial pain syndrome, and multi-compartmental knee degenerative joint disease. The applicant is given prescriptions for Oxycontin and Percocet and asked to continue regular work. It is not clearly stated whether the applicant is in fact working or not. An earlier note from October 31, 2013 is again notable for comments that the applicant reports continued improvement. Medications are providing appropriate improvement in pain levels, function, and range of motion. It is stated that the applicant was again given refills of Oxycontin and Percocet. The applicant was again returned to regular work. On October 7, 2013, the applicant reported 7/10 pain with medications and 10/10 pain without medications. The applicant's medications include Oxycontin, Percocet, and Cymbalta. It is stated that the applicant is a candidate for total knee replacement. He is asked to consult a knee replacement surgeon. It is implied that the applicant is working as the attending provider writes "continue with the present vocation." The applicant is asked to continue home exercises as well.

IMR ISSUES, DECISIONS AND RATIONALES

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

90 OXYCONTIN 40MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the attending provider has posited that the applicant has returned to his usual and customary vocation following the multiple surgeries in question. The applicant is reporting a drop in pain scores from 10/10 to 7/10 as a result of ongoing opioid therapy, it has further been stated. The applicant is apparently performing home exercises and states that usage of mediations is facilitating performance of activities of daily living. Thus, on balance, criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Accordingly, the original utilization review decision is overturned. The request is certified.

90 PERCOCET 7.5/325MG: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain effected as a result of the same. In this case, the attending provider has posited that the applicant has returned to his usual and customary vocation following the multiple surgeries in question. The applicant is reporting a drop in pain scores from 10/10 to 7/10 as a result of ongoing opioid therapy, it has further been stated. The applicant is apparently performing home exercises and states that usage of mediations is facilitating performance of activities of daily living. Thus, on balance, criteria set forth in the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have seemingly been met. Accordingly, the original utilization review decision is overturned. The request is certified.

