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| Case Number: | CM14-0108937 | | |
| Date Assigned: | 08/01/2014 | Date of Injury: | 07/24/2005 |
| Decision Date: | 11/13/2014 | UR Denial Date: | 06/27/2014 |
| Priority: | Standard | Application Received: | 07/14/2014 |

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 pain, myofascial pain syndrome, neck pain, anxiety, and depression reportedly associated with an industrial injury of July 24, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; a lumbar support; opioid therapy; unspecified amounts of acupuncture; and extensive periods of time off of work. In a Utilization Review Report dated June 27, 2014, the claims administrator failed to approve request for OxyContin and Percocet. The applicant's attorney subsequently appealed. In a May 13, 2014 progress note, the applicant reported persistent complaints of low back pain, insomnia, psychological stress, and neck pain. The applicant was asked to remain off of work on "permanent disability." It was acknowledged that earlier acupuncture had proven ineffective. A lumbar support was sought. The applicant was asked to continue various and sundry analgesic medications including OxyContin, Percocet, Ambien, Neurontin, Senna, Lidoderm, and Wellbutrin. The attending provider stated that the applicant's opioids were alleviating her pain complaints, but did not outline any material improvements in function achieved with the same. In an earlier note dated December 12, 2013, the applicant was again asked to remain off of work on "permanent disability." A lumbar support was again sought at this point. Acupuncture had again proven ineffectual, it was stated. The applicant's medication list reportedly included OxyContin, Percocet, Ambien, Neurontin, Senna, Lidoderm, and Wellbutrin.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin tab 10mg CR Day Supply 30, Quantity 120, Refills 0: 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 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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed permanently disabled, it has been suggested on several occasions, referenced above. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.

Oxycod/APAP Tab 10/325mg Day Supply 12, Quantity 150, refills 0: 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 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 functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed permanently disabled. The attending provider had failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Percocet usage. Therefore, the request is not medically necessary.