

Case Number:	CM14-0016684		
Date Assigned:	04/11/2014	Date of Injury:	04/16/2007
Decision Date:	06/30/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	02/10/2014

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 reportedly associated with an industrial injury of April 16, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; muscle relaxants; and earlier lumbar spine surgery. In a Utilization Review Report dated January 28, 2014, the claims administrator seemingly partially certified request for Oxycodone, Cyclobenzaprine, and Methadone, reportedly for weaning purposes. The applicant underwent a two-level lumbar fusion surgery on September 10, 2009. A January 20, 2014 progress note is notable for comments that the applicant subsequently underwent a reconstruction lumbar spine surgery on February 26, 2013. The applicant stated that he still had residual pain complaints. The applicant was already permanent and stationary. The applicant was having difficulty with pain and function, it was noted. It was stated that ongoing usage of medications helped with the applicant's pain but did not necessarily alleviate all of the same. The applicant had comorbidities including hepatitis C, hypertension, and asthma, it was stated. The applicant was receiving both State Disability Insurance (SDI) and Social Security Disability Insurance (SSDI), it was stated. The applicant was described as disabled in the social history of the report. The applicant was obese with BMI of 35, it was further noted. Refills of Methadone, Oxycodone, Cyclobenzaprine, Cymbalta, and Neurontin were issued. An earlier note of December 23, 2013 was almost identical to the later January 2014 note. The applicant was again described as having ongoing pain complaints. The applicant stated that his outcome following the most recent lumbar spine surgery was suboptimal and that the medications helped but did not completely alleviate his pain. It was further stated that the applicant was having ongoing difficulties with pain and functionality. It was again reiterated that the applicant was disabled and not currently employed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCODONE TAB, 10MG 1 TAB ORALLY FOUR TIMES A DAY: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Chronic Pain Medical Treatment Guidelines, page(s)74-97.

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

Decision rationale: As noted on page 80 of the 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 has failed to return to work. The applicant has been deemed disabled and is receiving monies both through the Workers' Compensation system as well as through the State Disability Insurance and Social Security Disability Insurance system. While the attending provider reported some incomplete analgesia derived with ongoing opioid therapy, there was no discussion of any improvements in function achieved as a result of ongoing opioid therapy. Rather, it was stated that the applicant's pain was limiting his functionality on several recent progress notes surrounding the request for authorization. Therefore, the request for Oxycodone is not medically necessary, for all of the stated reasons.

CYCLOBENZAPRINE TAB 7.5MG 1-2 ORALLY TWICE A DAY, 30 DAYS #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: , MUSCLE RELAXANTS,

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine topic. Page(s): 41.

Decision rationale: As noted on page 41 of the Chronic Pain Medical Treatment Guidelines, addition or Cyclobenzaprine or Flexeril to other agents is not recommended. In this case, the applicant is using numerous analgesic and adjuvant medications. Adding Cyclobenzaprine or Flexeril to the mix is not recommended. Therefore, the request is not medically necessary.

METHADONE TAB, 10MG 3 ORALLY, THREE TIME A DAY, 30 DAYS #270: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, , 61-63

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

Decision rationale: As noted on page 80 of the 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 ongoing opioid therapy. In this case, however, the applicant has failed to return to work. The applicant has been deemed disabled and is receiving monies through various disability systems. There is no evidence that the applicant's functionality has been approved as a result of ongoing opioid therapy. Rather, the progress notes provided suggests that the applicant's ability to perform activities of daily living is limited secondary to pain. Continued opioid therapy with methadone is not indicated, given the applicant's failure to respond favorably to the same. Therefore, the request is not medically necessary.