

Case Number:	CM14-0139988		
Date Assigned:	09/08/2014	Date of Injury:	02/23/2011
Decision Date:	10/14/2014	UR Denial Date:	08/14/2014
Priority:	Standard	Application Received:	08/28/2014

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 pain syndrome, bilateral upper extremity pain, sleep disturbances and psychological stress reportedly associated with cumulative trauma at work first claimed on February 23, 2001. In a Utilization Review Report dated August 14, 2014, the claims administrator denied a request for MS Contin and Percocet, invoking the 2014 ACOEM Opioids Chapter, despite the fact the MTUS addressed the topic. The claims administrator did not, furthermore, incorporate any portion of the 2014 ACOEM Opioids Chapter into its rationale. Thus far, the applicant has been treated following: Analgesic medications; attorney representation; opioid therapy; carpal tunnel release surgery on October 8, 2013; and shoulder arthroscopy, also on August 8, 2013. The applicant's attorney subsequently appealed, on September 19, 2014. In January 20, 2014, progress note, the applicant reported persistent complaints of shoulder, hand, and low back pain. The applicant was using Zanaflex, Motrin, Xanax, Morphine and Percocet at this point in time. A Medrol Dosepak and Gralise (gabapentin) were endorsed while the applicant was placed off of work. On August 6, 2014, the applicant reported 6/10 pain with medications versus 7 to 8/10 without medications. The applicant reported severe low back pain radiating to legs and persistent complaints of headaches. The applicant was using Zanaflex, Xanax, Motrin, Neurontin, MS Contin and Percocet, it was stated on this occasion. Both MS Contin and Percocet were refilled. The attending provider stated that the medications were helpful, but did not elaborate on any specific improvements in function achieved as result of the same. The applicant was asked to consider trigger point injections. The applicant's work status was not identified on this occasion. The applicant apparently received trigger point injections on July 29, 2014. On July 9, 2014, the applicant again stated that his medications were generating improvement. The applicant's work status, once

again, was not furnished. In an April 24, 2014, medical-legal evaluation, it was suggested that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 60mg #60: 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 in 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 reduced pain achieved as result of the same. In this case, however, the applicant is off of work, on total temporary disability, despite ongoing usage of MS Contin. The applicant's reduction in pain levels from 7 to 8/10 without medications to 6/10 with medications appears to represent a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to any form of work and by the attending provider's failure to recount any specific improvements in function achieved as a result of the same. Therefore, the request is not medically necessary.

Percocet 10/325mg #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 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 reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The attending provider reports that the applicant's pain levels have dropped from 7-8/10 without medications to 6/10 with medications appears to represent a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to any form of work and outweighed by the attending provider's failure to recount any specific improvements in function achieved as result of the same. Therefore, the request is not medically necessary.