

Case Number:	CM14-0155486		
Date Assigned:	09/25/2014	Date of Injury:	10/20/1999
Decision Date:	11/13/2014	UR Denial Date:	09/16/2014
Priority:	Standard	Application Received:	09/23/2014

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 October 20, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated September 16, 2014, the claims administrator failed to approve request for Percocet and Duragesic. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, the applicant reported persistent complaints of low back pain. Percocet and Duragesic were renewed along with Ambien for insomnia. A lumbar MRI was sought. The applicant had reportedly retired from his former work at [REDACTED]. 8-1/2 to 9 over 10 low back pains was appreciated. It was stated that the applicant was using the medications in question to sleep. In an August 13, 2014 progress note, the applicant reported persistent complaints of low back pain in 8-1/2 to 9 range without medications versus 6/10 with medications. The applicant was again given refills of Duragesic and Percocet. It was stated that the medications were helping the applicant to function, although this was not elaborated or expounded upon.

IMR ISSUES, DECISIONS AND RATIONALES

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

Patch (Duragesics 50 mcg #15): Upheld

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

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 functioning, and/or reduced pain achieved because of the same. In this case, however, the applicant is off work, although it is acknowledged that this may a function of age (62) as opposed to a function of the industrial injury. The attending provider's reports that the applicant's pain levels dropped from 8-1/2 to 9 over 10 to 6/10 with medications are noted but are seemingly outweighed by the attending provider's failure to recount any meaningful improvements in function achieved as a result of ongoing opioid therapy. While the attending provider did report on several occasions that medications were keeping the applicant functional, this was no elaborated or expounded upon. It was not clearly stated what functionality the applicant was able to achieve with medications. Therefore, the request was not medically necessary.

Percocet 10/325mg #120: Upheld

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

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 functioning, and/or reduced pain achieved because of the same. In this case, however, the applicant is off work, although it is acknowledged that this may a function of age (62) as opposed to a function of the industrial injury. While the attending provider has reported some reduction in pain scores from 8-1/2 to 9 over 10 without medications to 6/10 with medications, this is, however, outweighed by the attending provider's failure to recount any meaningful improvements in function achieved as result of ongoing opioid therapy, including ongoing Percocet usage. Therefore, the request was not medically necessary.