

Case Number:	CM14-0161208		
Date Assigned:	10/06/2014	Date of Injury:	04/23/2009
Decision Date:	11/10/2014	UR Denial Date:	09/24/2014
Priority:	Standard	Application Received:	10/01/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 23, 2009. Thus far, the applicant has been treated with the following: analgesic medications; adjuvant medications; opioid therapy; epidural steroid injection therapy; earlier lumbar spine surgery; spinal cord stimulator implantation; adjuvant medications; and sleep aids. In a Utilization Review Report dated September 24, 2014, the claims administrator partially approved a request for Doxepin, OxyContin, and Oxycodone, apparently for weaning purposes. In a December 16, 2013 progress note, the applicant reported persistent complaints of low back pain. The applicant was given a diagnosis of failed back syndrome. The applicant was currently not working, it was acknowledged. The applicant's medication list included OxyContin, Viagra, Oxycodone, Wellbutrin, Ambien, Amitiza, and Topamax. Multiple medications were refilled. The applicant stated that he preferred observation to further surgical intervention at that time. In a September 12, 2014 progress note, the applicant reported persistent complaints of low back and right leg pain. The note was quite difficult to follow and mingled old complaints with current complaints. The applicant did have some numbness and paresthesias about the legs. The applicant was having issues with depression. 9-10/10 pain was noted. It was again noted that the applicant was not currently working. The attending provider acknowledged that the applicant was in mild-to-moderate discomfort, was frustrated, depressed, and feeling hopeless. The applicant exhibited an antalgic gait. It was stated that the applicant should consider an intrathecal pain pump. The applicant had reportedly had multiple spine surgeries, all of which were unsuccessful. The applicant was given multiple medication refills, including OxyContin and Oxycodone. The applicant was asked to start Doxepin, presumably for depression.

IMR ISSUES, DECISIONS AND RATIONALES

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

60 tablets of Doxepin 50 mg: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: The request in question does represent a first-time request for doxepin. As noted in the MTUS-adopted ACOEM Guidelines in Chapter 15, page 402, antidepressants "may be helpful" to alleviate symptoms of depression, as are present here. The first-time request for Doxepin, thus, is indicated, given the applicant's reports of frustration, depression, and hopelessness. Accordingly, the request is medically necessary.

90 tablets of Oxycontin 40mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 13, 60, 78, and 124.

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 disabled. The applicant continues to report pain complaints as high as 9-10/10, despite ongoing usage of OxyContin. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

60 tablets of Oxycodone 20mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 13, 60, 78, and 124.

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 apparently been deemed disabled. The applicant's pain complaints are consistently described as 9-10/10, despite ongoing usage of Oxycodone. The attending provider has failed to outline any meaningful improvements

in function achieved as a result of ongoing oxycodone usage. Therefore, the request is not medically necessary.