

Case Number:	CM14-0166477		
Date Assigned:	10/13/2014	Date of Injury:	05/04/2004
Decision Date:	11/17/2014	UR Denial Date:	09/30/2014
Priority:	Standard	Application Received:	10/09/2014

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 neck and low back pain reportedly associated with cumulative trauma at work between the dates October 9, 1998 through May 4, 2004. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; unspecified amounts of physical therapy; opioid therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 30, 2014, the claims administrator partially approved requests for Oxycontin and Norflex, apparently for weaning or tapering purposes. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported ongoing complaints of low back pain, neck pain, headaches, and upper extremity paresthesias. The applicant was given refills of Colace, Prilosec, Oxycodone, Oxycontin, and Orphenadrine (Norflex). The applicant was asked to continue permanent work restrictions imposed by a medical-legal evaluator. It did not appear that the applicant was working with said limitations in place. In an earlier note dated August 14, 2014, the applicant was again given refills of Colace, Omeprazole, Oxycodone, Oxycontin, and Orphenadrine. Persistent complaints of low back pain were noted. The applicant had made no significant improvement to date. In a medical-legal evaluation dated August 25, 2011, it was acknowledged that the applicant was no longer working at this point in time. The applicant was given a 40% whole person impairment rating.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Oxycontin (Oxycodone).

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 as a result of the same. In this case, however, the applicant is off of work. The attending provider has himself seemingly acknowledged that ongoing usage of Oxycontin has failed to generate any lasting benefit or material improvement in function. The attending provider has failed to outline any quantifiable decrements in pain achieved as a result of ongoing Oxycontin usage. Therefore, the request is not medically necessary.

Orphenadrine ER 100mg #60 with 2 refills.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle Relaxants topic Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as orphenadrine (Norflex) are recommended with caution as a second-line option for treatment of acute flares of chronic low back pain, in this case, however, the 60-tablet, two-refill supply of orphenadrine sought implies chronic, long-term, and/or scheduled use of the same, which is incompatible with page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request is not medically necessary.