

Case Number:	CM14-0174795		
Date Assigned:	10/28/2014	Date of Injury:	07/12/2010
Decision Date:	12/04/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	10/22/2014

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, chronic low back pain, and chronic neck pain reportedly associated with an industrial injury of July 12, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; long- and short-acting opioids; unspecified amounts of physical therapy; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated October 17, 2014, the claims administrator approved a request for Celebrex, approved a request for Percocet, denied OxyContin, and denied tramadol. The applicant's attorney subsequently appealed. In an October 22, 2014 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant had issues with leucopenia, it was acknowledged. The applicant's medication list included famciclovir, telmisartan-hydrochlorothiazide, Percocet, and tramadol. The applicant's problem list included chronic kidney disease stage 2, hypertension, and proteinuria. The applicant was severely obese, with a BMI of 40. The applicant was asked to continue current medications. It was stated that the applicant's hypertension was under excellent control and that his renal function was improved. There was no explicit discussion of pain medication efficacy. In an April 2, 2014 progress note, the applicant returned for a scheduled follow-up. The applicant was reportedly using Micardis-hydrochlorothiazide and Vicodin for pain relief. There was no explicit discussion of pain medication efficacy. In an October 2, 2014 progress note, the applicant reported ongoing multifocal complaints of neck, low back, and bilateral knee pain, 5/10 with medications versus 9/10 without medications. The applicant was using tramadol, Celebrex, Percocet, and OxyContin, it was acknowledged. The applicant stated that his ability to perform household chores and walk three to four blocks was improved as a result of ongoing medication

usage. The applicant stated that he would be "unable to move" without his medication. The applicant was still using a lumbar support. It was stated that the applicant denied epidural steroid injection therapy. It was stated that other medications had provided suboptimal relief. The applicant was given prescriptions for Percocet, OxyContin, Celebrex, and tramadol. The applicant's work status was not provided. On the Independent Medical Review fact sheet, it was stated that the applicant's employer was "[REDACTED] Disability," implying that the applicant was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80-81.

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, it appears. While the attending provider has reported some reduction in pain scores from 9/10 to 5/10 with medication consumption, the attending provider failed to outline any meaningful improvements in function achieved as a result of ongoing opioid usage. The applicant's comments to the fact that he would be "unable to move" without medications does not, in and of itself, constitute substantive improvement with opioid therapy and is seemingly outweighed by the applicant's failure to return to work here. Therefore, the request is not medically necessary.

Tramadol 50 mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Tramadol Page(s): 93-94, 113.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, the attending provider has not set forth a compelling case for provision of two separate short-acting opioid agents, Tramadol and Percocet. Therefore, the request is not medically necessary.

