

Case Number:	CM14-0179105		
Date Assigned:	11/03/2014	Date of Injury:	02/27/2012
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/28/2014

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:

Patient is a 47-year-old female who has submitted a claim for depressive disorder associated with an industrial injury date of 9/26/2011. Medical records from 2012 to 2014 were reviewed. Patient complained of stress, difficulty sleeping and anxiety. Patient reported that intake of medications allowed her to be more relaxed with better sleep quality. Most of the progress reports were handwritten and illegible. A handwritten mental status examination cannot be assessed. Treatment to date has included psychotherapy, and medications Atarax (since 2013), Zoloft in 2013, and Celexa (since May 2014). Utilization review from 10/9/2014 modified the request for Celexa 20 mg into Celexa 20 mg, #30 with 3 refills because patient presented with depression and anxiety associated with chronic pain and prescription of antidepressant may be necessary; and denied Atarax 50 mg, #13 because a request for 30 tablets of hydroxyzine was already approved on September 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for chronic pain Page(s): 79-81.

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, the applicant has apparently returned to his usual and customary work, it has been suggested on several occasions, referenced above, and is reportedly deriving appropriate analgesia with ongoing Percocet consumption. The attending provider's documentation, while at times incomplete/incongruous, has reiterated on several occasions that the applicant has returned to and maintained successful full-time work status, reportedly achieved as a result of ongoing Percocet consumption. Ongoing Percocet consumption has reportedly ameliorated the applicant's ability to perform home exercises and attend a gym, the attending provider also suggested on at least a few of the progress notes, referenced above. Continuing the same, on balance, is therefore, indicated. Accordingly, the request is medically necessary.

Left 2 level lumbar facet injection.: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): Table 12-8, 309.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, Table 12-8, page 309, facet joint injections, as are being sought here, are deemed "not recommended." In this case, it is noted that there is considerable lack of diagnostic clarity. The applicant's ongoing complaints of low back pain radiating into the legs and thighs, numbness about the bilateral legs, and earlier lumbar epidural steroid injection suggest that the applicant's primary pain generator is, in fact, ongoing issues with lumbar radiculopathy/lumbar radiculitis. The request, thus, is not indicated both owing to the unfavorable ACOEM position on the article at issue as well as owing to the considerable lack of diagnostic clarity present here. Therefore, the request is not medically necessary.