

Case Number:	CM14-0183378		
Date Assigned:	11/10/2014	Date of Injury:	11/27/2002
Decision Date:	12/18/2014	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/04/2014

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/ 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 November 27, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar laminectomy surgery; opioid therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 17, 2014, the claims administrator denied a request for immediate release oxycodone, partially approved a second request for oxycodone, partially approved a request for Percocet, and partially approved request for ibuprofen. The applicant's attorney subsequently appealed. In a June 4, 2014 progress note, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar fusion surgery. The attending provider posited that the applicant has reported 7-8/10 pain without medications versus 5/10 with medications. The attending provider complained that the claims administrator had misrepresented several of his requests for authorization. The attending provider specifically stated that he had not furnished the applicant with any refills of Schedule II substances. The attending provider stated that ongoing usage of medications was ameliorating the applicant's ability to walk further and do other activities of daily living including gardening, cooking, shopping, housekeeping, and walking. The note was somewhat difficult to follow. The attending provider then stated in the review of systems section of the note that the applicant could lift only very light weights, could walk no more than a quarter mile, and could not sit or stand for more than half an hour continuously. The attending provider then stated that the applicant's pain was preventing him from doing anything but light duties. Multiple medications were refilled, including immediate release oxycodone, Roxicet (Percocet), and ibuprofen. The attending provider then stated that he was furnishing the applicant with multiple prescriptions for oxycodone and Percocet to fill over the next few months. Permanent work restrictions were

renewed. The applicant was asked to follow up in six months. In an earlier note dated June 12, 2013, it was acknowledged that the applicant was "disabled" and not able to work. It was stated that the applicant was unable to perform simple chores including doing laundry, doing dishes, and vacuuming. The applicant went on to receive chiropractic manipulative therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Oxycodone IR 30mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use.

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. Here, however, the applicant was/is off of work. The applicant had been deemed disabled, his primary treating provider has acknowledged. The applicant is having difficulties performing activities of daily living as basic as vacuuming, doing household chores, doing laundry, doing dishes, standing, and walking. While the applicant's pain management physician did report on June 4, 2014 that the applicant's ability to walk further, cook, shop, etc., have been ameliorated with ongoing medication consumption, these commenced were contravened by the same providers remarks in another section of the note to the effect that the applicant could not walk more than a quarter mile, cannot sit or stand more than half an hour continuously, and was unable to work. All of the foregoing, taken together, did not make a compelling case for continuation of oxycodone. Therefore, the request was not medically necessary.

Three (3) prescriptions of Oxycodone 10mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for use.

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. Here, however, the applicant is off of work. The applicant is having difficulty performing activities of daily living as basic as standing, walking, doing laundry, doing dishes, and/or doing the most basic activities of daily living, it has been suggested on several occasions, referenced above. While the attending provider has reported some decrements in pain scores achieved as a result of ongoing oxycodone usage, these are, however, outweighed by the applicant's failure to

return to any form of work and the attending provider's at times incongruous reporting of the applicant's ability (or lack of ability) to perform various activities of daily living. Therefore, the request is not medically necessary.

Three (3) prescriptions of Roxicet 5/325mg, #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Here, however, the attending provider has not furnished a compelling rationale for provision of two separate short-acting opioid, Roxicet (Percocet) and immediate release oxycodone. Therefore, the request is not medically necessary.

One (1) prescription of Ibuprofen 600mg, #30 with 5 refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications topic, Functional Restoration Approach to Chronic Pain Management s.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as ibuprofen are the traditional first line of treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation, however, is qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant is off of work. Ongoing usage of ibuprofen has failed to curtail the applicant's dependence on opioid agents such as Percocet and oxycodone. The applicant is still having difficulty performing activities of daily as basic as cooking, doing laundry, doing household chores, standing, walking, etc., despite ongoing ibuprofen usage. All of the foregoing, taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. Therefore, the request is not medically necessary.