

Case Number:	CM14-0026613		
Date Assigned:	03/21/2014	Date of Injury:	04/20/2000
Decision Date:	05/20/2014	UR Denial Date:	01/28/2014
Priority:	Standard	Application Received:	03/03/2014

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 patient is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 20, 2000. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; attorney representations; multilevel lumbar fusion surgery; psychotropic medications; and epidural steroid injection therapy. In a Utilization Review Report of January 28, 2014, the claims administrator apparently denied a request for OxyContin and Norco. The Utilization Review Report was extremely difficult to follow. Nevertheless, the denial seemed to be predicated on lack of improvement with ongoing opioid therapy. The claims administrator cited a variety of non-MTUS Guidelines, including guidelines on benzodiazepines, which are apparently not even an issue here. The patient's attorney subsequently appealed. In an appeal letter dated February 20, 2014, the patient states that he is having constant pain issues and is in need of both the Oxycodone and hydrocodone regimen. A January 16, 2014 progress note was notable for comments that the patient is unchanged. His pain level is unchanged. He states that his medications are working well. He reportedly did well with tapering off of Klonopin during the prior month. The patient is presently on Lyrica, OxyContin, and Norco, it was noted. In an April 10, 2014 progress note, the patient was described as using Lyrica, OxyContin, and Norco. The patient exhibited lower extremity strength ranging from 3-5/5, limited secondary to pain. The patient did exhibit an antalgic gait. However, he is not using a cane. Norco, OxyContin, and Lyrica were renewed. The patient stated that he will be starting a job in June as a municipal driver and he will not be able to work as a driver without his pain medications. A rather proscriptive 10-pound lifting limitation was endorsed. In an earlier note of March 13, 2014, the patient reported that, with his opioid regimen, he was able to perform activities of daily living, including reading books, washing dishes, hanging his clothes, and cooking. The patient stated

that he would have difficulty even performing basic activities such as standing and walking without the medications. In an appeal letter dated October 11, 2013, the attending provider went on to state that the patient was in fact demonstrating appropriate analgesia and improved performance of activities of daily living with ongoing opioid therapy and had, furthermore, failed to demonstrate any side effects with the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 40MG ER, QTY 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: OxyContin is an opioid. 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 reduce pain achieved as a result of ongoing opioid usage. In this case, it appears that at least two of the three aforementioned criteria have been met. Both the attending provider and patient have posited, on several occasions, that the patient's pain level did reduce as a result of ongoing opioid therapy and that his inability to perform activities of daily living including cooking, cleaning, washing dishes, standing, walking, household chores, etc., has been ameliorated as a result of ongoing opioid usage. While it does not appear that the patient has returned to work as of yet, the attending provider has seemingly posited that the patient is intent on returning back to work in June 2014. On balance, then, continuing opioid therapy is nevertheless indicated. Therefore, the request is certified.

NORCO 10/325MG, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As with the request for OxyContin, the patient seemingly meets two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the patient and attending provider continue to report on multiple cases that the patient's inability to perform activities of daily living, including cooking, cleaning, household chores, etc., has been ameliorated as a result of ongoing opioid usage. Similarly, the patient's pain levels are likewise diminished as a result of ongoing opioid therapy. Finally, it is suggested that the patient is intent on returning to work in June 2014. On balance, then, it appears that the bulk of the criteria set forth on page 80 of the MTUS Chronic

Pain Medical Treatment Guidelines for continuation of opioid therapy have either been met or will be met shortly. Accordingly, the request is certified, on Independent Medical Review.