

Case Number:	CM14-0032225		
Date Assigned:	06/20/2014	Date of Injury:	04/12/1991
Decision Date:	07/21/2014	UR Denial Date:	02/14/2014
Priority:	Standard	Application Received:	03/13/2014

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 low back pain reportedly associated with an industrial injury of April 12, 1991. The applicant has been treated with the following: Analgesic medications; psychotropic medications; muscle relaxants; attorney representation; transfer of care to and from various providers in various specialties; earlier cervical laminectomy surgery; lumbar laminectomy surgery; unspecified amounts of physical therapy; and wrist splinting. In a Utilization Review Report dated February 14, 2014, the claims administrator partially certified request for OxyContin, seemingly for weaning purposes, partially certified Percocet, also for weaning purposes, approved a request for Prozac, denied a request for Soma, and approved a request for Lidoderm patches. The applicant's attorney subsequently appealed. In a July 9, 2013 progress note, the applicant was described as pursuing a psychiatry consultation, psychology consultation, rheumatology consultation, epidural steroid injection therapy, kyphoplasty, trigger point injection therapy, and a psychological clearance as a precursor to a spinal cord stimulator implantation. In a December 10, 2013 progress note, it was stated that the applicant had not yet applied for Social Security Disability Insurance (SSDI) but was apparent set to pursue the same. The applicant was also concurrently applying for Medicare, it was further noted. In a July 9, 2013 progress note, the applicant was described as reporting chronic low back, knee, and leg pain. The applicant stated that her pain levels are recently worse. The applicant wanted to pursue trigger point injections. The applicant was on OxyContin, Percocet, Flexeril, and Prozac, it was stated. The applicant exhibited a markedly antalgic gait and diminished range of motion noted about the spine with diminished lower extremity strength in all muscle groups tested, secondary to pain. The applicant was having severe complaints of pain and insomnia, it was stated. A variety of medications were

renewed. Later note suggested that the applicant was in the process of compromising and releasing her Workers' Compensation Claim through negotiated settlement.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40MG #90: Upheld

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

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 California Medical Treatment Utilization Schedule (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 seemingly off of work. The progress notes provided stated that the applicant's pain complaints are heightened as opposed to reduced, despite ongoing opioid usage. There is no evidence of any improvement in function achieved as a result of ongoing opioid therapy. Rather, it appears that the applicant is having difficulty performing even basic activities of daily living such as ambulating, despite ongoing opioid usage. Therefore, the request for OxyContin is not medically necessary.

Percocet 10/325MG #180: Upheld

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

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 California Medical Treatment Utilization Schedule (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, none of the aforementioned criteria have been met. The applicant's pain complaints are heightened, as opposed to reduced, despite ongoing opioid usage. The applicant is seemingly off of work. There is no evidence of any improvement in function achieved as a result of ongoing opioid usage. Rather, it appears that the applicant is having difficulty performing even basic activities of daily living such as ambulating, despite ongoing Percocet usage. Therefore, the request is not medically necessary.

Soma 350MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Carisoprodol topic, MTUS 9792.20f Page(s): 29, 7.

Decision rationale: As noted on page 29 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, carisoprodol or Soma is not recommended for chronic or long-term use purposes, particularly when used in conjunction with opioid agents. In this case, the applicant is using a variety of opioid agents, both long and short acting. Adding carisoprodol or Soma to the mix is not recommended. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an attending provider incorporate some discussion of medication efficacy into his choice of recommendation. In this case, there has been no demonstration of medication efficacy with ongoing Soma usage. The applicant is off of work. The applicant's consumption of opioid medications is heightened, despite ongoing Soma usage. All of the above, taken together, imply a lack of functional improvement as defined in the MTUS despite ongoing Soma usage. Therefore, the request is not medically necessary.