

Case Number:	CM14-0043533		
Date Assigned:	07/02/2014	Date of Injury:	12/12/2001
Decision Date:	08/06/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/10/2014

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 and chronic low back pain reportedly associated with an industrial injury of December 12, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids, transfer of care to and from various providers in various specialties; a TENS unit; and anxiolytic medications. In a Utilization Review Report dated April 7, 2014, the claims administrator failed to approve request for oxycodone and Duragesic. The claims administrator stated that there was no clear improvement in function associated with ongoing opioid usage. The applicant's attorney subsequently appealed. A December 11, 2013 progress note is notable for comments that the applicant reported 7-9/10 pain complaint. The applicant was still going to church and driving distance to and from appointments, it was stated, despite heightened complaints of pain, stress, and anxiety. The applicant acknowledged that his mood was bad and depressed in that he remained highly anxious. The applicant was given prescriptions for OxyContin, oxycodone, baclofen, BuSpar, tizanidine, Indocin, Imitrex, AndroGel, and Restoril. A June 25, 2014 progress note is notable for comments that the applicant reported 7/10 pain with medications and 10/10 pain without medications. The applicant stated that his overall level of pain, on an average, was 9/10. The applicant stated that he was able to do simple chores around the house with a medications and only minimal activities around the house two days a week with medication. The applicant stated that he would stay in bed at least half the day and have no contact with the outside world without medications. The applicant was using Duragesic and oxycodone, it was stated. The applicant's work status was not provided. It was stated that the applicant was represented. The attending provider suggested that the applicant should compromise and release/settle his case. On April 20,

2014, the applicant stated that his pain level was 9/10 with medications and 10/10 without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

DURAGESIC 25 MCG/HR #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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

Decision rationale: As noted on page 80 of the California MTUS 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 has seemingly failed to return to work. The applicant's reduction in pain levels from 7-9/10 appears to be marginal to negligible and is outweighed by the applicant's failure to return to work and seeming difficulty performing even basic activities of daily living, such as household chores. The applicant's most recent progress note suggests that the applicant was only able to perform minimal activities around the home and simple chores twice weekly with medications. This appears to be marginal to negligible, as is the applicant's reported reduction in pain scores from 10/10 to 9/10 noted on an earlier note of April 20, 2014. Therefore, the request is not medically necessary.

OXYCODONE HCL 30 MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 78.

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 MTUS 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 applicant's reductions in pain levels from 10/10 to 9/10 noted on April 20, 2014 and 9/10 to 7/10 noted in June 2014 appeared to be minimal to negligible and are outweighed by the applicant's seeming failure to return to work and inability to perform even the most basic activities of daily living, such as household chores. Therefore, the request is not medically necessary.