

Case Number:	CM14-0051211		
Date Assigned:	07/07/2014	Date of Injury:	01/08/2014
Decision Date:	08/21/2014	UR Denial Date:	04/08/2014
Priority:	Standard	Application Received:	04/18/2014

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 ankle pain reportedly associated with an industrial injury of January 8, 2014. Thus far, the patient has been treated with the following: Analgesic medications; opioid therapy; a cane; and topical agents. In a Utilization Review Report dated April 8, 2014, the claims administrator denied a request for OxyContin, Vicoprofen, and methyl salicylate. Somewhat incongruously, the claims administrator cited ACOE, the MTUS Chronic Medical Treatment Guidelines, and non-MTUS ODG Guidelines. The claims administrator had incorporated very little in the way of patient specific information and simply stated that the patient had failed to demonstrate improvement with the medications in question. The patient's attorney subsequently appealed. A June 12, 2014 progress note is notable for comments that the patient had persistent complaints of ankle pain. The patient was also receiving psychiatric therapy and chiropractic therapy, it was stated. The patient was limping and was using a cane to move about. The patient was given diagnosis of ankle pain and lumbar radiculopathy. The patient was placed off of work. Additional physical therapy and chiropractic manipulative therapy were endorsed. In an earlier note dated June 9, 2014, the patient presented with persistent complaints of pain, highly variable, ranging from 5-8/10. There was persistent radiation of low back pain to the right leg. The patient was an insulin-dependent diabetic, it was acknowledged. Additional chiropractic manipulative therapy and physical therapy were sought. On May 21, 2014, the patient reported persistent complaints of low back pain radiating into the right leg, ranging from 7-10/10. The patient was moderately to severely limited in terms of performance of routine activities of daily living, it was further noted. In an earlier note of April 16, 2014, the patient was again described as having persistent complaints of low back pain radiating into the leg, ranging from 5-8/10 with an average score of 6.5. The patient was having difficulty performing activities of daily living including doing

exercises, bending, prolonged standing, sitting, and/or walking. The patient was having difficulty doing driving, performing household chores, and doing shopping, it was further noted, and had not worked since the date of injury. The medications in question were apparently renewed via a request for authorization form dated April 1, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

OXYCONTIN 20 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Postsurgical Treatment Guidelines. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES.

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

Decision rationale: As noted on page 80 of the MTUS Chronic 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 off of work. The applicant's pain complaints remained quite high, consistently scored in the 6+/10 range or greater, despite ongoing opioid therapy. The applicant is having difficulty even performing basic activities of daily living, including ambulating, interacting with others, doing household chores, yard work, etc. All of the above, taken together, suggest that discontinuing OxyContin may be more appropriate than continuing the same. Therefore, the request is not medically necessary.

VICOPROFEN 7.5/200 MG: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines CHRONIC PAIN MEDICAL TREATMENT GUIDELINES.

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

Decision rationale: As noted on page 80 of the MTUS Chronic 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 off of work. The applicant's pain complaints are heightened, consistently scored at 6-8/10 or greater, despite ongoing Vicoprofen usage. The applicant is having difficulty performing even basic activities of daily living such as sitting, standing, yard work, household chores, etc. No evidence of improvement in terms of any of the above captioned parameters has been outlined through ongoing Vicoprofen usage. Therefore, the request is not medically necessary.

METHYL SALICYLATE 15 %: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation OFFICIAL DISABILITY GUIDELINES/PAIN,SALICYLATE TOPICALS.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS Chronic Medical Treatment Guidelines, page 104, Salicylate Topicals topic.2. MTUS Chronic Medical Treatment Guidelines, page 8.3. MTUS 9792.20f Page(s): 104,8.

Decision rationale: While page 105 of the MTUS Chronic Medical Treatment Guidelines does support usage of salicylate topicals such as methyl salicylate in the treatment of chronic pain, this recommendation is qualified by commentary made on page 7 of the MTUS Chronic Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The applicant remains highly reliant and highly dependent on opioid agents, including OxyContin and Vicoprofen. All of the above, taken together, imply lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of methyl salicylate. Therefore, the request is not medically necessary.