

Case Number:	CM14-0058567		
Date Assigned:	07/09/2014	Date of Injury:	11/19/2001
Decision Date:	08/21/2014	UR Denial Date:	04/21/2014
Priority:	Standard	Application Received:	04/29/2014

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 November 19, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; attorney representations; transfer of care to and from various providers in various specialties; earlier open reduction and internal fixation of lateral tibial plateau fracture; open reduction and internal fixation of navicular fracture; left foot fusion surgery; left wrist dorsal compartmental release surgery; left carpal tunnel release surgery; lumbar fusion surgery; and total knee replacement surgery. In a Utilization Review Report dated April 21, 2014, the claims administrator approved a request for Exalgo, approved one request for Paxil, denied another request for Paxil, and denied a request for Oxycodone. The claims administrator stated that the attending provider had agreed to a modification of Paxil to a lesser dose/lesser amount of the same. This was not elaborated upon, however. The claims administrator also stated that the attending provider had not documented ongoing improvements in pain and function with opioid therapy. The applicant's attorney subsequently appealed. In an April 9, 2014 progress note, the applicant was described as having persistent complaints of low back pain. The applicant stated that usage of a friend's Valium reduced her pain significantly. The applicant is using Neurontin, Ditropan, Prilosec, Paxil, Exalgo, and Oxycodone. The applicant was smoking 8 cigarettes a day, it was acknowledged. The attending provider sought authorization for a caudal epidural steroid injection. Oxycodone, Exalgo, Omeprazole, and Flexeril were endorsed. The applicant was asked to decrease the dosage of Paxil from 50 mg to 40 mg as the applicant complained of an odd feeling with a heightened dosage of the same. The attending provider stated that the applicant was able to perform daily household tasks for 30 minutes at a time with medications and that the applicant

was adhering to a pain contract with the same. Permanent work restrictions were endorsed. The applicant did not appear to be working. The applicant was asked to cease smoking.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycodone 10mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Differentiation: Dependence and Addiction topic Page(s): 86.

Decision rationale: As noted on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, aberrant drug-related behaviors include stealing or burrowing drugs from others. In this case, the applicant is in fact burrowing drugs from a friend, including Valium. The attending provider has not made any attempt to rationalize the applicant's borrowing prescription for Valium from a friend. The attending provider has not commented on the significance or import of this finding and/or stated whether or not this betokens aberrant behavior, drug seeking behavior, etc. Continuing Oxycodone without some clear commentary from the attending provider as to why the applicant's self-procuring psychotropic medication from a friend does not constitute aberrant behavior is not indicated. Continuing Oxycodone, an opioid medication, without some clear explanation or rationalization by the applicant or attending provider is not indicated. Therefore, the request for Oxycodone 10mg #150 is not medically necessary and appropriate.

Paroxetine HCL 10mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Selective Serotonin reuptake Inhibitors (SSRIs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7.

Decision rationale: As noted on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines, the attending provider should tailor medications and dosages to the applicant taking into consideration applicant-specific variable such as comorbidities, other medications, and allergies. In this case, the applicant reported that usage of Paroxetine /Paxil at a heightened dose of 50 mg daily was producing some odd feelings and/or odd symptoms. Both the attending provider and applicant apparently suggested diminishing the dosage of Paroxetine to 50 mg to 40 mg, in light of the applicant's reported side effects and malaise with the heightened dose of Paroxetine. Therefore, the request for Paroxetine HCL 10mg #30 is not medically necessary and appropriate.

