

Case Number:	CM15-0100976		
Date Assigned:	06/03/2015	Date of Injury:	06/18/2001
Decision Date:	07/09/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/26/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 60-year-old who has filed a claim for chronic low back pain, neck, and knee pain reportedly associated with an industrial injury of June 18, 2001. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve request for an otolaryngology (ENT) consultation, Opana, and Percocet. An April 28, 2015 progress note was referenced in the determination. The applicant attorney subsequently appealed. In a said RFA form of April 28, 2015, an otolaryngology consultation, Percocet, and Opana were sought. In an associated progress note of April 28, 2015, the applicant reported ongoing complaints of anxiety, psychological stress, and suicidal thoughts with unchanged chronic pain complaints, 8-9/10 without medications. The attending provider acknowledged that the applicant needs assistance for cooking, cleaning, driving, getting dressed, and household chores. The applicant was not working, it was acknowledged. The attending provider stated that Percocet was giving the applicant 60% benefit in terms of pain relief. The applicant had undergone multiple failed cervical spine surgeries and multiple prior knee surgeries, it was acknowledged. The applicant was unemployed, it further noted. The applicant's medication list included Percocet, Opana, Bentyl, Norvasc, Catapres, Prozac, Xanax, and losartan, it was noted. Multiple medications were renewed while the applicant was seemingly kept off of work. The applicant was asked to consult an otolaryngologist (AKA ENT specialist). The applicant reported trouble swallowing toward the top of the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ear Nose and Throat Consultation: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: Yes, the request for an ear, nose, and throat consultation was medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline ACOEM Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable treating or addressing a particular cause of delayed recovery. Here, the applicant's primary treating provider was likely ill-equipped to address and/or treat the applicant's issues with and/or allegations of difficulties following earlier failed cervical spine surgery. Obtaining the added expertise of a practitioner better-equipped to address these issues, namely an ear, nose, and throat specialist was, thus, indicated. Therefore, the request was medically necessary.

Percocet 10/325mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Conversely, the request for Percocet, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 reduced pain achieved a result of the same. Here, however, the applicant was off of work, it was acknowledged on the April 28, 2015 progress note at issue. While the attending provider did recount some reported reduction in pain score of 60% with ongoing Percocet usage, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's commentary to the fact that the applicant needed assistance to perform activities of daily living as basic as cooking, cleaning, driving, and household chores. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Percocet. Therefore, the request was not medically necessary.

Opana extended release 30mg quantity 60: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines. Decision based on Non-MTUS Citation Official Disability Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Finally, the request for Opana extended release, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. 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 reduced pain achieved a result of the same. Here, however, the applicant was off of work, it was acknowledged on April 28, 2015. While the attending provider did recount some reported reduction in pain scores by 60% with ongoing opioid usage, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful and material improvement in function (if any) effected as a result of ongoing opioid usage, including ongoing Opana usage. The attending provider's commentary on April 28, 2015 to the effect that the applicant was still having difficulty performing activities of daily living as basic as cooking, cleaning, driving, getting dressed, and performing household chores despite ongoing medication consumption did not make a compelling case for continuation of opioid therapy with Opana. Therefore, the request was not medically necessary.