

Case Number:	CM15-0105171		
Date Assigned:	06/09/2015	Date of Injury:	04/03/2000
Decision Date:	07/14/2015	UR Denial Date:	05/18/2015
Priority:	Standard	Application Received:	06/01/2015

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 49-year-old who has filed a chronic low back pain and knee pain reportedly associated with industrial injury of April 3, 2000. In a Utilization Review report dated May 18, 2015, the claims administrator failed to approve requests for OxyContin, Percocet, Naprosyn, and Neurontin. Partial approvals were issued in certain circumstances, seemingly for weaning purposes. A May 14, 2015 RFA form and associated May 11, 2015 progress note were referenced in the determination. The applicant's attorney subsequently appealed. On May 11, 2015, the applicant reported ongoing complaints of low back and knee pain, unchanged with the preceding visit. The applicant stated that her symptoms were worsened at night. Muscle spasms were also reported. The applicant was given refills of OxyContin, Naprosyn, Percocet, Neurontin, and Robaxin. The applicant was asked to consider Duragesic patches at future visit. Viscosupplementation injection therapy was sought. The applicant had permanent work restrictions in place, it was reported. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. The applicant did have derivative issues with depression and anxiety, it was reported on past medical section of the note. The applicant was severely obese, with a BMI of 42. The note was somewhat difficult to follow and mingled historical issues with current issues. The applicant was asked to follow up with a pain psychologist. The applicant stated that her TENS unit was not working. The applicant expressed concerns about her knee giving way from time to time. A visibly antalgic gait was appreciated. The applicant's work status was not clearly outlined in various sections of the note. Earlier progress notes of April 13, 2015 and March 16, 2015 were essentially identical to the May 11, 2015 progress note. Multiple medications were renewed while the attending provider reiterated

request for a psychological clearance evaluation prior to pursuit of an intrathecal pain pump trial. The applicant's BMI was again in the 42 range. The applicant had apparently received opioid prescriptions from another prescriber, it was reported on March 16, 2015. The attending provider again did not detail the applicant's work status. The applicant had had several inconsistent drug test results, it was reported on March 16, 2015, suggesting that the applicant was receiving medications elsewhere. The attending provider suggested that the applicant consider detoxifying off of opioids altogether via Suboxone and/or considering an intrathecal pain pump. There was no mention of the applicant's having issues with reflux, heartburn, and/or dyspepsia on progress notes of March 16, 2015, April 13, 2015, or May 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 6) When to Discontinue Opioids Page(s): 78; 79-80.

Decision rationale: No, the request for OxyContin, a long-acting opioid, was not medically, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, applicants should receive all prescriptions of opioids from a single prescriber. Pages 79 and 80 of the MTUS Chronic Pain Medical Treatment Guidelines also note that opioid should be discontinued in applicants who make "repeated violations" from the medication contract. Here, the attending provider did report on March 15, 2015 that the applicant was receiving opioid prescriptions elsewhere and had had severe inconsistent urine drug test results. Discontinuing opioid therapy, the OxyContin, thus, appeared to represent a more appropriate option than continuing the same, given the foregoing. Therefore, the request was not medically necessary.

1 prescription of Percocet 10/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 6) When to Discontinue Opioids Page(s): 78; 79-80.

Decision rationale: Similarly, the request for Percocet, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on pages 79 and 80 of the MTUS Chronic Pain Medical Treatment Guidelines, opioid should be discontinued in applicants who engage in "repeated violation" from the medication contract or show evidence of

abuse, addiction, diversion, etc. Here, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also notes that applicants should obtain all opioid prescriptions from a single prescriber. Here, however, the prescribing provider stated that the applicant had in fact engaged in repeated violations associated with her pain management contract. The applicant was receiving medications from another prescriber and/or self-procuring medications, the treating provider stated. Multiple inconsistent drug test results were reported. Discontinuing opioid therapy of Percocet appeared to be more appropriate option than continuing the same, given the foregoing. Therefore, the request was not medically necessary.

1 prescription of Naproxen 250mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management Page(s): 7.

Decision rationale: Similarly, the request for Naprosyn, an anti-inflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medication such as Naprosyn do represent the traditional first line treatment for various chronic pain conditions, including the chronic low back pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant's work status was not outlined on multiple office visits of March 16, 2015, April 13, 2015, and May 11, 2015, suggesting that the applicant was not, in fact, working. The applicant exhibited a visibly antalgic gain, it was reported on those dates. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Percocet and OxyContin. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.

1 perscription of Gabapentin 600mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Gabapentin (Neurontin, GabaroneTM, generic available) Page(s): 19.

Decision rationale: Finally, the request for gabapentin, an anticonvulsant adjuvant medication, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 19 of the MTUS Chronic Pain Medical Treatment Guidelines, applicant's on gabapentin should be asked "at each visit" as to whether there have been improvements in pain and function effected as a results of the same. Here, however, the applicant's work status was not documented

on multiple office visits of March, April, and May 2015, referenced above. The applicant continued to report difficulty performing activities of daily living as basic as ambulating, it was reported on those dates. Ongoing usage of gabapentin failed to curtail the applicant's dependence on opioid agents such as OxyContin and Percocet. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of the same. Therefore, the request was not medically necessary.