

Case Number:	CM15-0143740		
Date Assigned:	08/04/2015	Date of Injury:	01/14/2006
Decision Date:	09/02/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/24/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back pain, knee, and ankle pain reportedly associated with an industrial injury of January 14, 2006. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for OxyContin and Norco. The claims administrator referenced a progress note dated June 30, 2015 and an associated RFA form on July 2, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 30, 2015 progress note, the applicant reported multiple complaints of low back, knee, and ankle pain. The applicant remained on OxyContin, Norco, and Lyrica, it was reported. The applicant stated that he was using Norco 10/325 mg eight tablets daily, Lyrica three times a day, OxyContin 20 mg one to two tablets every eight hours, and OxyContin 40 mg three times daily. The attending provider stated that, by his calculation, the applicant was using 320 morphine equivalents daily. The attending provider stated that the applicant was more functional as a result of his medications and able to move about as a result of medication consumption. This was not quantified, however. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. In an earlier note dated April 23, 2015, the applicant was asked to reduce his consumption of Norco 10/325 mg from eight tablets daily to six tablets daily. Permanent work restrictions were renewed. Once again, it was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. Little to no discussion of medication efficacy seemingly transpired on this date. On March 4, 2015, it was stated that the applicant had undergone right knee total knee arthroplasty with multiple revisions. The applicant was quite obese, standing 6 feet 1 inch tall, and weighing 300

pounds. In an earlier note dated August 27, 2014, the attending provider stated he would continue the applicant's "chronic disability, unchanged." It did not appear, thus, that the applicant was working at that point. In an earlier note dated July 1, 2014, it was stated that the applicant had severe, almost unbearable pain without his medications and that his pain medications were allowing him to ambulate short distances and perform unspecified activities of daily living at home.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 40mg, 12hr-tab, #90 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92, 75, 78-80, 124.

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

Decision rationale: No, the request for OxyContin, a long-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 as a result of the same. Here, however, the applicant was off of work, the treating provider reported on August 27, 2014, at which point it was stated that the applicant's chronic disability would remain "unchanged." While the prescribing provider later stated on June 30, 2015 that the applicant's medications were beneficial in terms of ameliorating the applicant's activities of daily living, this was neither elaborated nor expounded upon. The attending provider likewise failed to outline quantifiable decrements in pain effected as a result of ongoing OxyContin usage via his June 30, 2015 progress note. The attending provider's commentary on July 1, 2014 to the effect that the applicant's pain complaints will be unbearable without medications and that the applicant's pain medications were allowing him to ambulate short distances did not constitute evidence of a meaningful, material, and/or substantiate improvement in function effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

Oxycontin 20mg 12hrs-tab #180 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92, 75, 78-80, 124.

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

Decision rationale: No, the request for OxyContin, a long-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 as a result of the same. Here, however, the applicant was off of work, the treating provider reported on August 27, 2014, at which point it was stated that the applicant's chronic disability would remain "unchanged." While the prescribing provider later stated on June 30, 2015 that the applicant's medications were beneficial in terms of ameliorating the applicant's activities of daily living, this was neither elaborated nor expounded upon. The attending provider likewise failed to outline quantifiable decrements in pain affected as a result of ongoing OxyContin usage via his June 30, 2015 progress note. The attending provider's commentary on July 1, 2014 to the effect that the applicant's pain complaints will be unbearable without medications and that the applicant's pain medications were allowing him to ambulate short distances did not constitute evidence of a meaningful, material, and/or substantiate improvement in function effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

Norco 10/325mg 1-2 tabs by mouth every 6 hrs as needed, #240 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 92, 75, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, dosing;7) When to Continue Opioids Page(s): 86; 80.

Decision rationale: Finally, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines recommends that daily dosing of opioids not exceed 120 mg of oral morphine equivalents per day. Here, by the attending provider's calculation of July 2, 2015, the applicant was using 320 mg of morphine equivalents daily. The attending provider failed to furnish a clear or compelling rationale for such a large amount of opioids, including the p.r.n. usage of Norco of what was prescribed at a rate of six to eight tablets daily. The applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, which include evidence of successful return to work, improved functioning, and / or reduced pain achieved as a result of the same. Here, the applicant was off of work, it was reported on August 27, 2014. The attending provider's June 30, 2015 progress note failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.