

Case Number:	CM15-0200253		
Date Assigned:	10/15/2015	Date of Injury:	03/21/2008
Decision Date:	12/02/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/13/2015

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 represented 51-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 21, 2008. In a Utilization Review report dated October 7, 2015, the claims administrator failed to approve request for OxyContin and Norco. An October 1, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On said October 1, 2015 office visit, the applicant reported ongoing complaints of low back, leg, hip, buttock, knee, ankle, foot pain, highly variable, ranging from 6-10/10. The applicant was using a cane to move about and was using resting or reclining to 25 to 30% of the workday, it was reported. The applicant reported issues with anxiety, frustration, and mood disturbance, the treating provider acknowledged. An epidural steroid injection was seemingly sought. The applicant's medication list included OxyContin 80 mg twice daily and Norco 10/325 eight times daily, Ambien one to two tablets nightly for insomnia, and Skelaxin twice daily. The applicant's work status was not explicitly stated at the bottom of the note. While it was stated toward the top of the note that the applicant "can work part-time," it was not explicitly stated whether the applicant was in fact currently working on a part-time basis. It is unclear whether this comment was a historical carry-over from previous notes or whether the applicant was working as of this particular date as overall commentary on the applicant's day-to-day level of activity was sparse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxycontin 80mg Qty: 60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

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, the applicant's work status was not explicitly stated on the October 1, 2015 office visit at issue. While one portion of the progress note suggested that the applicant was working part-time, this was neither elaborated nor expounded upon. It was not clear whether the applicant was or was not working as of this point or whether this represented a historical carry-over from previous notes. The applicant's work status was not explicitly stated toward the bottom of the note. While the attending provider did recount a low-grade reduction in pain scores from an average score of 9/10 without medications to an average score of 8/10 with medications, these reports were, however, outweighed by the attending provider's failure to clearly recount the applicant's work status and the attending provider's reports to the effect that the applicant was having difficulty lifting, sitting, bending, twisting and sleeping on October 1, 2015, despite ongoing usage of OxyContin. Page 86 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that total daily dosing of opioids not exceed 120 mg of oral Morphine equivalents. As stated here, however, the applicant's consumption of OxyContin at a rate of 80 mg twice daily plus Norco 10/325 eight times daily represented a total of 320 oral morphine equivalents, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines. Such consumption represented treatment well in excess of 120 mg oral Morphine equivalents cap suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg Qty: 240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, dosing.

Decision rationale: Similarly, the request for Norco, a short-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As with preceding request, the applicant's consumption of Norco at a rate of 8 times daily plus OxyContin at a rate of 80 mg daily represented a total of 320 oral Morphine equivalents, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines, i.e., well in excess of the 120 mg oral morphine equivalents cap for daily opioid usage suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for continued opioid consumption well in excess of MTUS parameters. Page 80 of the

MTUS Chronic Pain Medical Treatment Guidelines further stipulates that 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's work status was not clearly reported on October 1, 2015. While one section of the progress note suggested that applicant was working on a part-time basis, this was not elaborated or expounded upon. It was not clear whether this represented a historical carry-over from previous notes or whether the applicant was actively working at this point. While the attending provider did recount a reduction in pain scores from an average score of 9/10 without medications versus 8/10 with medications, this report was outweighed by the attending provider's failure to clearly recount the applicant's work status and the attending provider's reports to the effect that the activities as basic as lifting, sitting, bending, and twisting remained problematic. Therefore, the request was not medically necessary.