MAXIMUS Federal Services

Case Number:	CM15-0201797		
Date Assigned:	10/16/2015	Date of Injury:	10/19/2000
Decision Date:	12/04/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/14/2015

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, upper back, neck, and shoulder pain reportedly associated with an industrial injury of October 19, 2000. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve requests for Norco, Restoril, and OxyContin. The claims administrator referenced an August 23, 2015 office visit in its determination. The claims administrator suggested that the applicant was concurrently using marijuana. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of chronic neck and low back pain, reportedly severe. The applicant's pain complaints were described as significant. Worsening lower extremity paresthesias were noted. The applicant was reportedly seen in the emergency department for an eyelid infection since the last visit, the treating provider reported. The applicant was still using marijuana and was reportedly trying to wean off of the same, the treating provider reported. 10/10 pain without medications versus 6/10 with medications was reported. The applicant's medications included OxyContin, Norco, and Restoril. The applicant was "disabled," the treating provider reported in the Social History section of the note. The attending provider stated that he would continue opioid therapy, despite the applicant's concomitant usage of marijuana. The applicant was also given a refill of Restoril. The applicant was using 2 tablets of Restoril nightly for insomnia, the treating provider reported. Drug testing was positive for marijuana, the treating provider reported on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #42: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioid therapy has been suggested for applicants who are engaged in evidence of illicit substance use. Here, the applicant was concurrently using Norco, an opioid agent, with marijuana, an illicit substance, the treating provider reported on September 8, 2015. Discontinuation of opioid therapy, thus, appeared to be a more appropriate option than continuation of the same. Therefore, the request is not medically necessary.

Restoril 30mg #42: Upheld

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

MAXIMUS guideline: Decision based on MTUS Stress-Related Conditions 2004, Section(s): Treatment.

Decision rationale: Similarly, the request for Restoril, a benzodiazepine anxiolytic, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Restoril may be appropriate for "brief periods," in cases of overwhelming symptoms, here, however, the renewal request for Restoril implied chronic, long-term, and/or nightly usage of the same, for sedative purposes, i.e., in excess of the short-term role for which anxiolytics are espoused, per the MTUS Guideline in ACOEM Chapter 15, page 402. Therefore, the request is not medically necessary.

Oxycontin 40mg #147: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter.

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

Decision rationale: Finally, the request for OxyContin, a long-acting opioid, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for applicants who are engaged in evidence of illicit substance abuse. Here, the applicant was, per the treating provider's report of September 8, 2015, concurrently using marijuana, an illicit substance, with OxyContin, an opioid agent. Discontinuation of opioid therapy appeared to represent a more appropriate option than the continuation of the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant likewise seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant remained off of work, the treating provider reported on September 8, 2015. The applicant was "disabled," it was reported on that date. While the attending provider did recount a reported reduction in pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request is not medically necessary.