

Case Number:	CM15-0055269		
Date Assigned:	03/30/2015	Date of Injury:	09/05/2005
Decision Date:	07/24/2015	UR Denial Date:	02/20/2015
Priority:	Standard	Application Received:	03/23/2015

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 57-year-old who has filed a claim for chronic hand, wrist, finger, shoulder, and neck pain reportedly associated with an industrial injury of September 5, 2005. In a Utilization Review report dated February 24, 2015, the claims administrator failed to approve requests for OxyContin and Norco while approving a request for Lunesta. Partial approvals were apparently issued for weaning or tapering purposes. The claims administrator referenced a January 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On March 4, 2015, the applicant reported multifocal complaints of neck, upper extremity, shoulder, wrist, and hand pain, reportedly attributed to cumulative trauma at work. Repetitive activities involving the upper extremities remained problematic, it was reported. The applicant was using Pepcid for reflux, it was reported. The attending provider maintained that the applicant's pain medications including OxyContin, Norco, Flexeril, Neurontin, and Lidoderm patches were ameliorating the applicant's ability to perform activities daily living to including grooming, self-care, and dressing herself. The attending provider posited that the applicant's ability to perform these activities would be constrained without her medications. The applicant was described as having retired and was apparently receiving both disability and indemnity benefits, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/acetaminophen 10/325mg quantity 120. 00: Upheld

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

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

Decision rationale: No, the request for hydrocodone-acetaminophen (Norco), 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 as a result of the same. Here, however, the applicant was off of work, it was reported on March 4, 2015. The applicant was receiving disability and indemnity benefits, it was reported on that date. While the attending provider did state that the applicant's pain scores were reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care, and personal hygiene such as grooming and dressing herself did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Oxycontin 40mg quantity 60. 00: Upheld

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

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

Decision rationale: Similarly, the request for OxyContin, 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 as a result of the same. Here, however, the applicant was off of work and was using both disability and indemnity benefits as of March 4, 2015, it was reported. While the attending provider stated that the applicant's medications were beneficial in terms of reducing pain scores, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) achieved as a result of ongoing OxyContin usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene such as dressing and grooming as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing OxyContin usage and was, as noted previously, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.