

Case Number:	CM14-0177967		
Date Assigned:	10/31/2014	Date of Injury:	05/01/2002
Decision Date:	12/10/2014	UR Denial Date:	10/09/2014
Priority:	Standard	Application Received:	10/27/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 1, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; multiple lumbar spine surgeries; an intrathecal pain pump; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 9, 2014, the claims administrator partially approved/conditionally approved/failed to approve requests for Duragesic and OxyContin. The partial approval apparently represented weaning supplies of the same. In a psychological evaluation dated June 25, 2014, the applicant was described as having previously tried and failed to detoxify off of opioids. The applicant had undergone multiple lumbar spine surgeries, it was acknowledged. The applicant was apparently put back on opioids owing to her reported failure to detoxify from the same. The psychologist suggested that the applicant employ trials of Cymbalta and/or spinal cord stimulator in an effort to taper off of opioids. It was stated that the applicant was reportedly trying to ride a stationary bike and/or walk up to a mile, at times. In an applicant questionnaire dated June 25, 2014, the applicant acknowledged that she was not working. The applicant reported heightened muscle spasms and stated that she was having pain complaints ranging from 4-7/10. The applicant stated that she could only sit, stand, and/or walk up to 10-15 minutes continuously. The applicant stated that she was using a lumbar corset and/or walker at times owing to pain complaints. The applicant stated that she sometimes developed constipation with opioids. In a handwritten note dated May 1, 2014, the applicant was given refills of Duragesic, OxyContin, and Oxycodone..

IMR ISSUES, DECISIONS AND RATIONALES

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

Duragesic 100mcg #15: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Duragesic (Fentanyl Transdermal System).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Continue Opioids topic Page(s): 78;80.

Decision rationale: As noted on page 78 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 is off of work. Neither the applicant's requesting provider nor the applicant have outlined any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid therapy. Some of the comments made on a psychological evaluation of June 25, 2014 to the effect that the applicant was trying to walk and/or use a stationary bike for exercise were later contravened by commentary made on an applicant questionnaire to the effect that the applicant was having difficulty standing and/or walking greater than 10-15 minutes and was using a walker at times owing to ongoing pain complaints. It does not appear, thus, that the applicant has made any material improvements in function with ongoing opioid usage, including ongoing Duragesic usage. Furthermore, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider has not furnished a compelling rationale for provision of two separate long-acting opioids, OxyContin and Duragesic. Therefore, the request is not medically necessary.

Oxycontin 40mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Opioids topic Page(s): 78; 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider has failed to furnish any compelling applicant-specific rationale which would support provision of two separate long-acting opioids, Duragesic and the OxyContin at issue. It is further noted that 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. Specifically, the applicant has failed to return to work. The applicant remains off of work and has apparently failed to return to work for what appears to be a span of several years. While some of the attending provider's progress notes suggested that the applicant was trying to perform home exercise on a daily basis, such comments were contravened by later statements on an applicant questionnaire, referenced above, to the effect

that the applicant was having difficulty sitting, standing, and/or walking for greater than 10-15 minutes continuously and was, at times, using a walker to move about. All of the foregoing, taken together, does not make a compelling case for continuation of OxyContin therapy. Therefore, the request is not medically necessary.

Oxycodone 30mg #120: Upheld

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

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

Decision rationale: 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 has failed to return to work and has seemingly been off of work for a span of several years. The applicant, per her own self-report, is having difficulty performing activities of daily living as basic as sitting, standing, and/or walking for greater than 10-15 minutes continuously and, furthermore, must resort using a walker at times, she herself has acknowledged. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy. Therefore, the request is not medically necessary.