

Case Number:	CM15-0172159		
Date Assigned:	09/14/2015	Date of Injury:	04/23/2012
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/01/2015

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: 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 injured worker is a 47-year-old male, who sustained an industrial injury on 4-23-12. He reported right sided low back pain. The injured worker was diagnosed as having post-laminectomy pain syndrome, lumbar radiculopathy, lumbar spinal stenosis, and spinal enthesopathy. Treatment to date has included lumbar laminectomy at L3-4 and L4-5 in 2013, acupuncture, physical therapy, chiropractic treatment, and medication. On 7-13-15 and 8-13-15, pain was rated as 10 of 10 without medication and 6 of 10 with medication. On 8-13-15 the treating physician noted the "patient has improved function over the past month and now is waling more than 4.5 blocks per day with the current medications that he is not able to perform without these medications." The injured worker had been taking Oxycodone ER since at least August 2015. The injured worker had been taking Percocet since at least September 2013. The injured worker had been taking Naproxen and Orphenadrine since at least September 2012. Currently, the injured worker complains of low back pain that radiated to the right hip down his leg to his foot with numbness in the right leg. On 8-13-15, the treating physician requested authorization for Percocet 10-325mg #180, Naproxen 500mg #60, Orphenadrine 100mg #60, Oxycodone ER 20mg #60, physical therapy for the low back x12, and a urine drug screen. On 8-18-15, the requests were non-certified. Regarding Percocet and Oxycodone ER, the utilization review (UR) physician noted, "There is no objective evidence of functional benefit from the opioid medications." Regarding Naproxen, the UR physician noted, "The documentation submitted is still lacking evidence of efficacy." Regarding Orphenadrine, the UR physician noted, "The documentation does not detail a rationale to support the necessity for

exceeding the recommendations of the guidelines." Regarding physical therapy, the UR physician noted, "the submitted documentation reflects that the claimant has had physical therapy sessions, however the submitted documentation does not reflect the objective evidence and or amount and duration of any functional benefit obtained from it." Regarding a urine drug screen, the UR physician noted, "in this case the medical necessity for Percocet and Oxycodone is not established. As such, the medical necessity for urine drug screen is also note established."

IMR ISSUES, DECISIONS AND RATIONALES

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

Percocet 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: The MTUS recommends Percocet for moderate to moderately severe pain. Opioids for chronic pain appear to be efficacious but limited for short-term pain relief, and long-term efficacy is unclear, but also appears limited. If the patient does not respond to a time limited course of opioids it is suggested that an alternate therapy be considered. For the on-going management of opioids there should be documentation of pain relief, functional improvement, appropriate use and side effects. A previous utilization review decision provided the patient with sufficient quantity of medication to be weaned slowly off of narcotic. Percocet 10/325mg #180 is not medically necessary.

Naproxen 500mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): NSAIDs (non-steriodal anti-inflammatory drugs).

Decision rationale: The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Guidelines recommend NSAIDs as an option for short-term symptomatic relief. Naproxen 500mg #60 is not medically necessary.

Orphenadrine 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: The MTUS states that muscle relaxants are recommended with caution only on a short-term basis. Efficacy appears to diminish over time, and prolonged use of some medications in this class may lead to dependence. The patient has been taking the muscle relaxant for an extended period of time far longer than the short-term course recommended by the MTUS. Orphenadrine 100mg #60 is not medically necessary.

Oxycodone ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: According to the MTUS in regard to medications for chronic pain, only one medication should be given at a time, and interventions that are active and passive should remain unchanged at the time of the medication change. A trial should be given for each individual medication. A record of pain and function with the medication should be recorded. According to this citation from the MTUS, medications should not be initiated in a group fashion, and specific benefit with respect to pain and function should be documented for each medication. There is no documentation of the above criteria for either of the narcotics that the patient has been taking. The previous reviewer noted that this patient should have already been completely weaned from this narcotic. Oxycodone ER 20mg #60 is not medically necessary.

Physical therapy for low back, quantity 12: Upheld

Claims Administrator guideline: Decision based on MTUS Low Back Complaints 2004, and Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Low Back Chapter (acute and chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Manual therapy & manipulation.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that active therapy is based on the philosophy that therapeutic exercise and/or activity are beneficial for restoring flexibility, strength, endurance, function, range of motion, and can alleviate discomfort. Patients are instructed and expected to continue active therapies at home as an extension of the treatment process in order to maintain improvement levels. Continued physical therapy is predicated upon demonstration of a functional improvement. Patient has already completed an unknown number of physical therapy and no documentation of functional improvement was noted in the records. Physical therapy for low back, quantity 12 is not medically necessary.

Urine drug screen: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) TWC Pain Chapter (chronic) updated 07/15/2015.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Drug testing.

Decision rationale: The MTUS recommends using a urine drug screen to assess for the use or the presence of illegal drugs, a step to take before a therapeutic trial of opioids, to aid in the ongoing management of opioids, or to detect dependence and addiction. There is no documentation in the medical record that a urine drug screen was to be used for any of the above indications. Urine drug screen is not medically necessary.