

Case Number:	CM15-0178692		
Date Assigned:	09/21/2015	Date of Injury:	01/10/2007
Decision Date:	10/29/2015	UR Denial Date:	08/11/2015
Priority:	Standard	Application Received:	09/10/2015

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 49-year-old who has filed a claim for chronic neck, low back, and shoulder pain reportedly associated with an industrial injury of January 10, 2007. In a Utilization Review report dated August 11, 2015, the claims administrator failed to approve requests for Naprosyn and Percocet. The claims administrator referenced a July 31, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On June 24, 2015, the applicant reported 9/10 low back, shoulder, elbow, and forearm pain with associated upper extremity paresthasias. The applicant was placed off of work, on total temporary disability. The applicant's medications included Oxycontin, Topamax, Flexeril, Percocet, and Desyrel, it was reported. The applicant was not working, stated in several sections of the note. The applicant was using Oxycontin 40 mg twice daily and Percocet 10-325 mg twice daily, it was reported. A cervical epidural steroid injection was sought. Both Oxycontin and Percocet were seemingly renewed while the applicant was kept off of work. No seeming discussion of medication efficacy transpired. In the Mitigating Factors section of the note, the attending provider wrote: none. In an earlier note April 20, 2015, Oxycontin, Percocet, Topamax, Desyrel, and Flexeril were renewed and/or continued. On June 30, 2015, Naprosyn, Desyrel, Effexor, Topamax, Oxycontin, Percocet were, once again, renewed and/or continued. The applicant was off of work, and was collecting Social Security Disability Insurance (SSDI) benefits, it was reported, after having exhausted two years worth of Worker's Compensation indemnity benefits. The applicant has gained 40 to 50 pounds since the date of injury, it was suggested. No seeming discussion of medication efficacy transpired. On July 31, 2015, it was reiterated the applicant was off of work, and receiving Social Security Disability Benefits (SSDI) after having exhausted two years worth of Workers Compensation indemnity benefits. The applicant was no longer looking for work, it

was reported. The applicant had not worked in some seven years, it was suggested. The applicant had gained 50-60 pounds and was having difficulty performing even basic household chores such as mopping, dusting, and sweeping, it was reported. Multiple medications were nevertheless renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Naproxen 550 mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Introduction, Anti-inflammatory medications.

Decision rationale: No, the request for Naprosyn, an anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as Naprosyn do represent the traditional first line of treatment for various chronic pain conditions, this recommendation, is however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and on page 47 of the ACOEM Practice Guidelines to the effect that an attending provider should incorporate some discussion of efficacy of medication into his choice of recommendations. Here, however, the applicant remained off of work, on total temporary disability; it was reported on multiple office visits, referenced above, including on June 30, 2015 and on July 31, 2015. Ongoing usage of Naprosyn failed to curtail the applicant's dependence on opioid agents such as Oxycontin and Percocet. The applicant had collected two years worth of Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits; it was reported on July 31, 2015. Progress notes of July 31, 2015 and June 3, 2015 suggested that the applicant was largely immobile, was largely sedentary, and was not performing even basic household chores. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of Naprosyn. Therefore, the request was not medically necessary.

Percocet 10 mg #30: 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, criteria for use.

Decision rationale: Similarly, the request for Percocet, a short-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 office off of work it was acknowledged on multiple office visits, referenced above, including on July 31,

2015. The applicant had selected two years worth of Workers Compensation indemnity benefits and was receiving Social Security Disability Insurance (SSDI) benefits, it was reported on both July 31, 2015 and on June 30, 2015. The applicant had gained 50-60 pounds and was having difficulty to perform even basic household chores, the treating provider on July 31, 2015. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit with ongoing Percocet usage of in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.