

Case Number:	CM15-0096486		
Date Assigned:	05/26/2015	Date of Injury:	07/15/2005
Decision Date:	07/01/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	05/19/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 15, 2005. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve requests for OxyContin and Percocet. A spine surgeon referral (AKA evaluation and treatment) was partially approved as an evaluation alone. The claims administrator referenced a RFA form dated May 6, 2015 in its determination, along with an associated progress note of May 7, 2015. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant reported ongoing complaints of low back pain, 9/10, with radiation of pain to bilateral lower extremities. The applicant's medications included Tenormin, Cymbalta, Neurontin, Xanax, OxyContin, and Percocet. The applicant had undergone multiple failed lumbar spine surgeries, it was acknowledged. The applicant was asked to follow up with a psychiatrist. OxyContin and Percocet were renewed and/or continued. The applicant was asked to follow up with psychiatrist to obtain further prescriptions for Cymbalta. In a RFA form dated March 12, 2015, OxyContin, Zanaflex, and Percocet were renewed. In a RFA form dated May 8, 2015, a spine specialist consultation was apparently endorsed. In an associated progress note dated May 7, 2015, the applicant reported ongoing complaints of low back pain, unimproved. Radiation of pain to legs and weakness about the hands were reported. The attending provider suggested that the applicant follow up with a spine surgeon to consider further surgical intervention on the grounds that his pain was getting worse. OxyContin, Zanaflex, and Percocet were renewed. The applicant's work status was not explicitly stated, although the applicant did not appear to be working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Spine Surgeon Evaluation and Treatment: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine, Chapter 7, page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: Yes, the request for a spine surgeon evaluation and treatment (AKA referral) was medically necessary, medically appropriate, and indicated here. As noted in the MTUS Guideline in ACOEM Chapter 12, page 306, if surgery is a consideration, counseling regarding likely outcomes, risks, benefits, and expectations is "very important." Here, the applicant had undergone two failed lumbar spine surgeries, as suggested above. The applicant was apparently considering further surgical intervention involving the lumbar spine on the grounds that medication management had been ineffectual. Obtaining the added expertise of a spine surgeon for evaluation and treatment (AKA referral) purposes was, thus, indicated. Therefore, the request was medically necessary.

Oxycontin 20mg quantity 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Conversely, the request for OxyContin, a long-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's work status was not detailed as of a most recent May 7, 2015 progress note of above. The applicant did not, however, appear to be working. The applicant's pain complaints were progressively worsening over time, it was reported on that date. The attending provider failed to outline quantifiable decrements in pain or meaningful commentary on improvements in function (if any) effected as a result of ongoing OxyContin usage. Therefore, the request was not medically necessary.

Percocet 10/325mg quantity 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

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's work status was not outlined on May 7, 2015, suggesting that the applicant was not, in fact, working. The applicant's pain complaints were characterized as progressively worsening over time, it was noted on that date. The attending provider failed to outline either quantifiable decrements in pain or meaningful commentary of improvements in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.