

Case Number:	CM13-0022500		
Date Assigned:	04/25/2014	Date of Injury:	01/12/2012
Decision Date:	09/18/2014	UR Denial Date:	08/30/2013
Priority:	Standard	Application Received:	09/10/2013

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 injured worker is a represented [REDACTED] employee who has filed a claim for chronic neck, mid back, and rib pain reportedly associated with an industrial injury of January 12, 2012. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; long- and short-acting opioids; epidural steroid injection therapy; and extensive periods off work. In a Utilization Review Report dated August 30, 2013, the claims administrator approved an epidural injection while denying request for MS Contin and Norco. The injured worker's attorney subsequently appealed. A subsequent progress note of April 30, 2014 was notable for comments that the injured worker presented to follow up on issues related to pain and disability associated with chronic neck and low back pain. The injured worker reported 9/10, severe pain in one section of the report. Another section of the report stated that the injured worker reported 4/10 pain. The injured worker is having difficulty sleeping, and having pain with bending and motion. Medications included Vytorin, aspirin, albuterol, oxcarbazepine, hydrochlorothiazide, Lopressor, Advair, nitroglycerin, Cymbalta, BuTrans, and Percocet. The injured worker reportedly had marked diminution in shoulder pain. Various agents, including Cymbalta, BuTrans, and Percocet were renewed at this point. An earlier progress note dated April 14, 2014 was notable for comments that the injured worker was off of work, on total temporary disability. On April 3, 2013, the injured worker was again described as off of work, on total temporary disability, reporting 10/10 back pain. The injured worker is described as a former insurance adjuster. The injured worker had a myocardial infarction in November 2012. The injured worker was again placed off of work, on total temporary disability. Baclofen, Cymbalta, Lidoderm, Lopressor, Mobic, morphine, Norco, nitroglycerin, oxcarbazepine, albuterol, and Vytorin were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS CONTIN 30 MG, QUANTITY 90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines, state that the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain affected because of the same. In this case, however, none of the aforementioned criteria have been met. The employee remains off work, on total temporary disability, several years removed from the date of injury. The employee's pain complaints are heightened from visit to visit as opposed to reduce, despite ongoing opioid usage. There is no evidence that the employee's ability to perform non-work activities of daily living has been ameliorated as a result of ongoing MS Contin usage. Therefore, the request for MsContin 30 mg, quantity 90 is not medically necessary and appropriate.

NORCO 10/325 MG, QUANTITY 360: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Norco is a short-acting opioid. As with the request for morphine, none of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for extension or continuation of opioid therapy have seemingly been met. The employee remains off of work, on total temporary disability, several years removed from the date of injury. The employee reports heightened pain complaints as opposed to reduced pain complaints despite ongoing opioid therapy. The employee's ability to perform activities of daily living has diminished, secondary to pain complaints. None of the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met. Therefore, the request for Norco 10/325 mg, quantity 360 is not medically necessary and appropriate.