

Case Number:	CM13-0034430		
Date Assigned:	12/06/2013	Date of Injury:	05/04/1999
Decision Date:	02/05/2014	UR Denial Date:	09/27/2013
Priority:	Standard	Application Received:	10/15/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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 associated with an industrial injury that took place on May 4, 1999. Thus far, the applicant has been treated with analgesic medications, muscle relaxants, and extensive periods of time off of work. The applicant has been given permanent work restrictions, which have resulted in his removal from the workplace. On November 27, 2013, the applicant visited his attending provider. He reported 5-8/10 pain with medications. The applicant states that medications are working well, and that he is using them as prescribed. He does report constipation, drowsiness, itching, and nausea as a result of medication usage. The applicant has comorbid hepatitis, as well as transaminitis with ALT and AST of 127 and 77, respectively. He exhibits an antalgic gait.

IMR ISSUES, DECISIONS AND RATIONALES

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

The request for 90 tablets of Norco 10/325, with one refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, indications for discontinuation of opioids include evidence of intolerable adverse effects and/or if there is no evidence of improved function. In this case, the applicant is described as having issues with constipation, pruritus, and sedation, all adverse effects of opioid usage. He also has issues with transaminitis, secondary to hepatitis. Given the several adverse effects documented here, it would appear that discontinuation of opioids is indicated. The applicant seemingly does not, furthermore, meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. There is no evidence that the applicant has returned to work. While the applicant does report reduction in pain scores as a result of opioid usage, there is no evidence of improved performance of non-work activities of daily living. Thus, on balance, it appears only one of three criteria for opioid therapy has been met. Given the applicant's many adverse effects, it would appear that discontinuing opioids would be a more appropriate option than continuing the same. Accordingly, the request is not certified.