

Case Number:	CM13-0038166		
Date Assigned:	12/18/2013	Date of Injury:	12/09/2009
Decision Date:	04/24/2014	UR Denial Date:	09/19/2013
Priority:	Standard	Application Received:	09/27/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an 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 Operations Department employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 9, 2009. Thus far, the applicant has been treated with the following: Analgesic medications, including long and short acting opioids; prior lumbar spine surgery/lumbar fusion surgery; a spinal cord stimulator implantation; unspecified amounts of acupuncture and physical therapy over the life of the claim; unspecified number of epidural steroid injections; and extensive periods of time off of work. The applicant has seemingly failed to return to work at the [REDACTED] with permanent restrictions in place. In a utilization review report of September 19, 2013, the claims administrator partially certified request for Kadian (long-acting morphine) and Norco. The applicant's attorney subsequently appealed. The partial certification was apparently predicated on a lack of functional improvement with ongoing opioid therapy. A January 14, 2014 progress note is notable for comments for the applicant reports heightened pain complaints at L5-S1. The applicant's back pain is described as chronic and intractable. A spinal cord stimulator has apparently helped with radicular complaints, it is stated. A January 3, 2014 progress note is notable for comments that the applicant is miserable. He has not been able to do an outpatient functional restoration program owing to insurance authorization issues. He reports severe elevated low back pain x3 weeks. The applicant is having ongoing issues with depression and also has comorbid cardiac issues. It is stated that the applicant's pain levels range from 6-10/10. The applicant is a former smoker. Kadian is renewed. The applicant is asked to pursue sacroiliac joint injection therapy. Trigger point injections are performed in the clinical setting. An earlier note of November 22, 2013 was notable for comments that the applicant was considering a functional restoration program and had ongoing issues with depression, emotional distress, and posttraumatic stress disorder, which he attributes to cumulative trauma at work.

IMR ISSUES, DECISIONS AND RATIONALES

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

PHARMACY PURCHASE OF KADIAN 20 MG #90: Upheld

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

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

Decision rationale: As noted in 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 effected as a result of the same. In this case, however, the employee has failed to achieve any of the aforementioned criteria. The employee is off of work. The employee reports heightened pain complaints as opposed to reduced pain complaints despite ongoing usage of Kadian (morphine). Continuing opioid therapy in the face of the employee's failure to demonstrate any improvement is not indicated. Accordingly, the request is not certified, on independent medical review.

PHARMACY PURCHASE OF NORCO 10MG 325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 79-80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, opioids such as Norco should be appropriately discontinued if there is no overall improvement in function through ongoing usage of the same. In this case, the employee has failed to achieve the requisite improvement in function needed to continue opioid therapy. The employee is off of work. The employee's pain complaints are, furthermore, heightened as opposed to reduced despite ongoing opioid therapy with both morphine and Norco. Accordingly, the request is likewise not certified, on independent medical review.