

Case Number:	CM13-0048845		
Date Assigned:	12/27/2013	Date of Injury:	03/05/2004
Decision Date:	02/25/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/06/2013

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 patient has filed a claim for chronic low back pain, chronic pain syndrome, myofascial pain, depression, and insomnia reportedly associated with an industrial injury of March 5, 2004. Thus far, the patient has been treated with the following: Analgesic medications; adjuvant medications; short acting opioids; and extensive periods of time off of work, on total temporary disability. In a utilization review report of October 30, 2013, the claims administrator certified a urine-drug screen, partially certified a request for Norco for weaning purposes, certified a request for Neurontin, and denied a request for an NESP-R functional restoration program. It is stated that a functional capacity evaluation would likely be beneficial, but the attending provider's documentation was inadequate. The applicant's attorney later appealed. Multiple notes interspersed throughout 2013 allude to the patient's remaining off of work, on total temporary disability. In a November 11, 2013 progress note, it is stated that the patient is only making slight improvement with medications. He rates his pain at 7/10 with medications and 8 to 9/10 without medications. He remains off of work, on total temporary disability. It is stated that there have been concerns with illicit drug use. He is asked to pursue additional chiropractic manipulative therapy, and a gym membership. Norco is nevertheless renewed. The patient remains off of work, on total temporary disability. On a progress note of October 21, 2013, it is stated that the patient is using cocaine. The patient has had several positive drug screens, which have come out positive for cocaine. It is stated that the patient could be addressed through a functional restoration program. A consultation for said functional restoration program is sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

request for 1 prescription of Norco 10/325mg #120: 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 Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved functioning, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the aforementioned criteria did not appear to have been met. The applicant does not appear to have returned to work. The applicant remains off of work, on total temporary disability. The decrements in pain from 8 to 9/10 to 7/10 with medications appears marginal to minimal and is outweighed by concerns over possible drug diversion, illicit drug use, and lack of improvement in terms of performance of non work activities of daily living. For all of these reasons, then, the request is not certified.

request for 1 NESP-R program consultation: 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 Page(s): 80.

Decision rationale: As noted on page 6 of the MTUS Chronic Pain Medical Treatment Guidelines, if an applicant is prepared to make the effort, an evaluation for admission for treatment in a multidisciplinary pain management program should be considered. In this case, however, the documentation provided does not suggest that the applicant is in fact prepared to make an adequate effort to try and rehabilitate himself. There are no suggestions that the applicant is intent on refraining from illicit drug use. There is no mention that the applicant is willing to forgo disability payments to try and improve. The attending provider does not mention or allude to the applicant's willingness to participate in the program in question. Therefore, the request is not certified on those grounds.