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| Case Number: | CM13-0049296 | | |
| Date Assigned: | 12/27/2013 | Date of Injury: | 08/19/2002 |
| Decision Date: | 05/14/2014 | UR Denial Date: | 10/14/2013 |
| Priority: | Standard | Application Received: | 11/08/2013 |

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 has filed a claim for chronic pain syndrome, chronic low back pain, major depressive disorder, and obstructive sleep apnea reportedly associated with an industrial injury of August 19, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; long and short-acting opioids; psychotropic agents; and several epidural injections in 2006. In a utilization review report of October 14, 2013, the claims administrator partially certified Norco and methadone, for weaning purposes. Meloxicam was denied outright. The partial certifications and denials were apparently predicated on the applicant's unfavorable response to the medications in question. The applicant's case and care had been complicated by issues with diabetes and depression, it was noted. A clinical progress note of November 19, 2013 was notable for comments that the applicant had persistent pain complaints. The applicant stated that he did obtain appropriate pain relief and was able to stand twice as long while using the medications. It was stated that the applicant could more easily do his exercises while on the medications. The attending provider went on to request medications and facet joint injections. The attending provider encouraged the claimant to pursue the issue with his attorney and/or obtain a QME. Abilify, Pristiq, metformin, meloxicam, Norco, Senna, methadone, and Naprosyn were endorsed. Work restrictions were also issued, although it did not appear that these limitations were accommodated. In a letter dated March 13, 2014, the applicant's attorney stated that he believes the potential benefits of medications outweigh the risks of the same. In an earlier note of March 6, 2013, the treating provider noted that the applicant's pain was scored at 6/10. It was stated that the combination of methadone and Norco was allowing the applicant to walk for 10 minutes or so twice a day. On April 1, 2013, the applicant stated that usage of medications was improving his exercise tolerance. Multiple handwritten notes interspersed throughout 2012/2013, including a note of September 5, 2013, suggest that the applicant has

been deemed "totally disabled." The applicant is diagnosed as morbidly obese, weighing around 300 pounds.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 80.

Decision rationale: The request for Norco, an opioid, is 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 ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant is off of work. The applicant has been deemed totally and permanently disabled. Significant pain complaints persist, despite the applicant's polypharmacy. While the attending provider has documented some minimal improvement in terms of the applicant's ability to stand and walk, this is seemingly outweighed by the applicant's failure to return to any form of work and significant weight gain, implying that the applicant is not as active as posited. It is further noted that page 76 of the MTUS Chronic Pain Medical Treatment Guidelines cautions against provision of opioids for applicants with mental health issues, depression, anxiety, psychological factors, etc. In this case, the applicant is consistently described as having ongoing mental health issues. The applicant does not appear to be an appropriate candidate for continued opioid therapy, for all the stated reasons. Therefore, the request is not certified.

Methadone 5mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76-80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 76, 80.

Decision rationale: Similarly, the request for methadone is likewise not medically necessary, medically appropriate, or indicated here. Methadone, like Norco, is an opioid. In this case, as with the request for Norco, the applicant fails to clearly meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has been deemed totally disabled. The applicant has gained weight, implying that he is not maintaining appropriate levels of activity. The reported increase in standing and walking tolerance noted by the attending provider appear to be marginal to minimal and are outweighed by the applicant's comorbid

mental health issues, which, as noted on page 76 of the MTUS Chronic Pain Medical Treatment Guidelines should lead the attending provider to exercise caution when prescribing opioids. For all the stated reasons, then, the request is not certified.

Meloxicam table 7.5mg #30: 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): 22.

Decision rationale: The request for meloxicam, finally, is likewise not medically necessary, medically appropriate, or indicated here. Meloxicam is an NSAID. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does state that anti-inflammatory medications such as meloxicam do represent the traditional first line of treatment for various chronic pain issues, including the chronic low back pain reportedly present here, in this case, as with the other drugs, the applicant has failed to clearly effect any functional improvement as defined by the parameters established in MTUS 9792.20(f) through prior usage of meloxicam. The applicant is off of work. The applicant remains highly reliant on various medications and medical treatments, including opioid therapy, aquatic therapy, a TENS unit, psychotropic medications, etc. It is further noted that the attending provider has seemingly provided the applicant with two separate NSAIDs, meloxicam and Naprosyn. No rationale for usage of two separate NSAIDs has been provided here. Therefore, the request is not certified, for all the stated reasons.