

Case Number:	CM13-0062694		
Date Assigned:	12/30/2013	Date of Injury:	10/29/2007
Decision Date:	04/11/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/09/2013

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 is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 2007. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; long and short acting opioids; prior right ankle surgery in 2008; epidural steroid injection therapy; and the apparent imposition of permanent work restrictions. It does not appear that the applicant is working with permanent limitations in place. In a utilization review report of December 3, 2013, the claims administrator approved a request for Senna, partially certified Norco for weaning purposes, approved a pain management followup visit, and denied a request for long-acting Morphine. The patient's attorney subsequently appealed, on December 3, 2013. In a clinical progress note of October 22, 2013, it is stated that the patient reports 9 10/10 pain without medications and 7/10 pain with medications. The applicant is on 30 mg of Morphine daily and seven to eight Norco daily. The patient states that he is able to walk, sit, and stand longer as a result of the medication usage. The patient's lower extremity strength ranges from 4+ to 5-/5. It is stated that the applicant is open to returning to the work force but that he is unable to return as a commercial driver at this point. Morphine, Senna, Zanaflex, and Norco are seemingly renewed along with permanent work restrictions. It did not appear that the patient is working with.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of MS Contin 15mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic and Opioid Dose Calculator Page(s): 80 and 87.

Decision rationale: As with the request for Norco, the applicant does not 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 not returned to work. The applicant's reductions in pain scores from 8-9/10 to 7/10 as a result of opioid therapy appear to be negligible to marginal and are outweighed by the applicant's failure to return to any form of work at this late date, several years removed from the date of injury. Therefore, the request is likewise not certified, on Independent Medical Review.

1 prescription of Hydrocodone/apap 10/325mg #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic and Opioid Dosing Calculator Page(s): 80 and 87.

Decision rationale: 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 effected as a result of the same. In this case, however, the applicant does not appear to have returned to work. The reduction in pain scores from 8-9/10 to 7/10 effected as a result of ongoing Norco usage appears to be negligible. Similarly, the applicant's reportedly improved sitting and standing tolerance appear to be outweighed by his failure to return to any form of work. In short, the documentation on file does not establish the presence of appropriate analgesia and/or significant improvement in terms of performance of non-work activities of daily living as a result of ongoing opioid usage at a rate of 110 Morphine equivalents daily. Therefore, the request remains not certified, on Independent Medical Review