

Case Number:	CM13-0063289		
Date Assigned:	12/30/2013	Date of Injury:	06/21/2003
Decision Date:	04/10/2014	UR Denial Date:	11/19/2013
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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; prior lumbar fusion surgery; adjuvant medications; a spinal cord stimulator; psychotropic medications; and extensive periods of time off of work. In a utilization review report of November 29, 2013, the claims administrator partially certified a request for Norco, seemingly for weaning purposes. The applicant's attorney subsequently appealed. A clinical progress note of December 4, 2013 is notable for comments that the applicant reports persist 4/10 pain. The applicant states that his medications are working well and reducing his pain from 9/10 to 4/10. He states that usage of medications allows him to continue caring for his wife and grandchildren. His medication list includes Nuvigil, Norco, Soma, Duragesic, gabapentin, Lexapro, and Paxil. The applicant exhibits an antalgic gait requiring usage of a cane. The applicant is apparently using five Norco a day. He is asked to follow up with a spine surgeon, obtain a lumbar sport, and consult with psychiatrist. He is asked to continue using a spinal cord stimulator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #30 1 tablet q 4-6 hrs max 5 day #60: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM.

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

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 effected as a result of the same. In this case, the applicant is reportedly deriving appropriate analgesia and improved performance of non-work activities of daily living as a result of ongoing Norco usage. The applicant states that usage of Norco results in a drop pain scores from 9/10 to 4/10 and that the medications allow him to care for and interact with his wife and grandchildren, although it is acknowledged that he is not working. The applicant's five tablets of Norco daily plus 50 mcg Duragesic patches result in a total morphine equivalent dose of 170 daily, at the upper end of the 120 to 180 "upper limit of normal" for opioid usage suggested on page 81 of the MTUS Chronic Pain Medical Treatment Guidelines. Continuing the same, on balance, is indicated as it appears the applicant meets two of the three criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuing the same. Accordingly, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.