

Case Number:	CM14-0100286		
Date Assigned:	07/30/2014	Date of Injury:	09/11/2003
Decision Date:	10/02/2014	UR Denial Date:	06/05/2014
Priority:	Standard	Application Received:	06/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert 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 expert 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 neck, low back, and bilateral heel pain reportedly associated with an industrial injury of October 20, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a June 10, 2014, progress note, the claims administrator approved a request for morphine while partially certifying a request for Norco, reportedly for weaning purposes. The applicant's attorney subsequently appealed. In a July 23, 2014, progress note, the applicant reported persistent complaints of neck, foot, and ankle pain. The applicant was described as permanent and stationary with "permanent disability." The applicant did not appear to be working with permanent limitations in place. The applicant's medication list included Colace, senna, ketamine cream, Norco, Motrin, Norflex, morphine, Valium, hydrochlorothiazide, and Norvasc. Norco and morphine were apparently renewed, without any explicit discussion of medication efficacy. On June 27, 2014, the applicant reported persistent complaints of pain. The applicant was described as using Norvasc, hydrochlorothiazide, Valium, morphine, Norflex, Motrin, Norco, ketamine, senna, and Colace on this occasion, it was stated. Norco was renewed, again without any explicit discussion of medication efficacy. The applicant did not appear to be working with permanent limitations in place. In an earlier progress note on May 15, 2014, the applicant was described as having completed a functional restoration program evaluation. The attending provider acknowledged that the applicant was using medical marijuana and was both anxious and depressed. The attending provider stated that the applicant was using up to 8 Norco a day, seemingly in excess of previously prescribed parameters. Some portions of the progress note stated that the applicant reported 9/10 pain without medications versus 6/10 pain with medications, while other sections

of the progress note noted that the applicant was not working with permanent limitations in place. The applicant stated that she was not interested in attending a functional restoration program. The attending provider stated that the applicant's functionality was improved with medications, but did not elaborate what functions were specifically ameliorated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids When To Discontinue Opioids Topic. When To Continue Opioids Topic. Page(s): 79, 80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for applicants who are using "illicit drugs." In this case, the applicant is, in fact, using marijuana, an illicit substance. It is further noted that the applicant seemingly fails to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant had failed to return to work. The bulk of the progress notes, referenced above, made no mention of any tangible decrements in pain or material improvements in function achieved as a result of ongoing opioid usage, including ongoing Norco usage. While one progress note, referenced above, did suggest that the applicant's pain levels had dropped from 9/10 to 6/10 with medication usage, this is seemingly outweighed by the attending provider's failure to recount any specific improvements in function achieved as a result of ongoing opioid therapy, the applicant's failure to return to work, and the applicant's concurrent usage of marijuana. Therefore, the request is not medically necessary.