

Case Number:	CM14-0019015		
Date Assigned:	04/23/2014	Date of Injury:	06/12/2000
Decision Date:	07/03/2014	UR Denial Date:	01/23/2014
Priority:	Standard	Application Received:	02/14/2014

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 low back pain reportedly associated with an industrial injury of June 12, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; topical agents; psychotropic medications; an earlier spine surgery; and opioid therapy. In a Utilization Review Report of January 23, 2014, the claims administrator denied a request for Norco. It is incidentally noted that the applicant appeared to be using both Norco and Percocet. The claims administrator cited the Journal of the American Medical Association (JAMA) and mis-numbered references from the MTUS Chronic Pain Medical Treatment Guidelines in its denial. The applicant's attorney subsequently appealed. A November 26, 2013 progress note was notable for comments that the applicant reported persistent 6/10 pain. The applicant stated that she is going to the gym more often. It is stated that she is not having problems with medications in one section of the report while other section of the report stated that the applicant is having issues with anxiety and panic attacks. The applicant has a history of opioid dependence, lumbar degenerative disk disease, depression, failed back syndrome, it is stated. The applicant is reportedly stable. The applicant is on Percocet, Cymbalta, oxybutynin, Dyazide, and Lidoderm patches. The applicant is severely obese with a BMI of 39. Percocet is apparently endorsed. On January 22, 2014, the applicant was described as feeling better with minimal pain. The applicant was reportedly going to the gym. It was stated that the applicant is getting more fit and that medications are helping with pain levels. The applicant states that there is some low-grade sedation appreciated with medications but no other side effects. Percocet was apparently prescribed. On February 5, 2014, it was again stated that the applicant has had sequelae associated with her chronic neck and low back pain associated with her industrial motor vehicle accident. The attending provider rebutted

any suggestion that the applicant was abusing illicit substances. The applicant's BMI was 39, it was noted. The applicant's medication list on this occasion included Lidoderm, Percocet, Dyazide, Cymbalta, oxybutynin, and estrogen. On March 19, 2014, Percocet was again renewed. The treating provider writes that Norco is losing efficacy and has been losing efficacy for some time.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCO/APAP TAB 10-325MG, QUANTITY:180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic. Opioids topic Page(s): 78, 80.

Decision rationale: According to the Chronic Pain Medical Treatment Guidelines, the lowest effective dose of opioid should be prescribed to improve pain and function. In this case, however, it has not been clearly stated why the applicant needs to use two separate short-acting opioids, namely Percocet and Norco. In fact, a March 19, 2014 progress note suggested that Norco was losing efficacy. It was unclear why a prescription for Norco was therefore issued. As noted in the Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy include evidence of successful return to work, improved function, and/or reduced pain achieved as a result of the same. In this case, ongoing usage of Norco is not indicated, given the applicant's lack of analgesia with the same and given the applicant's concomitant usage of Percocet. The request for hydroco/apap tablets 10-325mg, quantity of 180, is not medically necessary or appropriate.