

Case Number:	CM14-0114549		
Date Assigned:	09/18/2014	Date of Injury:	04/12/1996
Decision Date:	12/04/2014	UR Denial Date:	07/12/2014
Priority:	Standard	Application Received:	07/22/2014

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 April 12, 1996. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; earlier lumbar spine surgery; unspecified amounts of physical therapy; long- and short-acting opioids; testosterone supplementation; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated July 12, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a progress note dated October 2, 2014, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities, 9/10. The applicant was using Neurontin, Avinza, Fortesta, Viagra, Norco, and AndroGel, it was acknowledged. The applicant appeared visibly uncomfortable. The applicant was obese, with a BMI of 34. The applicant was having difficulty sleeping, it was acknowledged. Multiple medications were refilled, including Norco, Neurontin, morphine, Viagra, Fortesta, Colace, and AndroGel. The applicant's work status was not clearly stated, although the applicant did not appear to be working with permanent limitations in place. In a September 2, 2014 progress note, it was stated that the applicant was using Norco in excess of eight times daily. It was acknowledged that the applicant was unable to work. The attending provider suggested that the applicant use an increase amounts of Avinza and try to use Norco more sparingly for breakthrough pain. An 8/10 pain was reported. In an August 5, 2014 progress note, the applicant's pharmacologist noted in one section of the report that the combination of opioid medications were allowing the applicant to work full time while other sections of the note stated that the applicant was unable to work, was unable to support his family, and had severe pain associated with three failed lumbar spine surgeries.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #360: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

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 achieved as a result of the same. In this case, however, the applicant is off of work. The applicant continues to report at the 8/10 level or greater, despite ongoing usage of Norco. Permanent work restrictions are renewed, seemingly unchanged, from visit to visit. The attending provider has failed to outline any quantifiable improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.