

Case Number:	CM14-0144023		
Date Assigned:	09/12/2014	Date of Injury:	02/05/1999
Decision Date:	11/05/2014	UR Denial Date:	08/22/2014
Priority:	Standard	Application Received:	09/05/2014

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 February 5, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and earlier lumbar spine surgery. In a Utilization Review Report dated August 22, 2014, the claims administrator denied a request for Norco. The applicant's attorney subsequently appealed. In a July 16, 2014 progress note, the applicant was described as awaiting removal of the spinal cord stimulator. The applicant was using Norco and Valium, it was noted. The applicant's symptoms were unchanged, it was noted. There was no explicit discussion of medication efficacy. In a July 7, 2014 secondary treating provider's progress note, the applicant reported chronic, severe low back pain status post pain pump implantation. 8/10 pain was noted on this occasion. The applicant's pain levels dropped to 6/10 with medications. The attending provider stated that the applicant's medications were ameliorating his ability to perform activities of daily living, but did not elaborate on the extent of the same. The applicant's medication list included Exalgo, baclofen, Norco, Neurontin, Colace, MiraLax, Cipro, Dilaudid, and fentanyl, it was stated in one section of the note, while a second section of the note had a more abbreviated medication list. Multiple medications were renewed, including Exalgo. The attending provider stated that the applicant's functionality was improving with opioid therapy but did not elaborate or expound on the nature of the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg tabs #180 refills 3: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Continue Opioids topic. Page(s): 78; 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 seemingly off of work. The applicant's pain complaints are still quite high, in the 6-8/10 range, despite ongoing opioid therapy. The attending provider has failed to identify any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing Norco usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids be employed to improve pain and function. In this case, no rationale for selection and/or ongoing use of the two separate short-acting opioids, namely Norco and baclofen, was furnished. Therefore, the request is not medically necessary.