

Case Number:	CM14-0178331		
Date Assigned:	10/31/2014	Date of Injury:	05/28/2012
Decision Date:	12/26/2014	UR Denial Date:	10/20/2014
Priority:	Standard	Application Received:	10/27/2014

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 shoulder pain reportedly associated with an industrial injury of May 28, 2012. In a Utilization Review Report dated October 20, 2014, the claims administrator failed to approve a request for Opana and Norco. The applicant's attorney subsequently appealed. In a November 12, 2014 progress note, the applicant reported ongoing complaints of low back pain, 3-4/10 with medications versus 7-8/10 without medications. It was stated that the applicant would be bedridden without his medications. It was stated that the applicant could be active about four hours a day with his medications and that he was able to perform some activities of daily living, including light yard work and other household chores. The applicant had sustained fractures of six ribs and three vertebral processes in a fall from a roof, it was acknowledged. Opana, Norco, Motrin, Prilosec, and Neurontin were renewed. It was also stated that the applicant was using Adderall and vitamin D. The applicant was asked to permanently remain off of work. In a progress note dated January 23, 2014, the applicant again reported ongoing complaints of shoulder and low back pain. The attending provider stated that the applicant still had difficulty with prolonged standing, lifting, and twisting activities. The applicant had now retired, it was acknowledged. Radiofrequency ablation procedures were sought. In an October 9, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7-8/10 without medications versus 3-4/10 with medications. The applicant again stated that he was able to remain active for four hours a day with his medications. The applicant stated he was able to do routine activities of daily living including yard work with medications. The applicant was asked to remain permanently off of work while Opana, Adderall, Neurontin, Norco, Motrin, Prilosec, and vitamin D were endorsed. It was again stated the applicant would be bedridden without

these medications. The note was difficult to follow and seemingly mingled historical complaints with current complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 20mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-87.

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 California 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 has failed to return to work. The applicant was declared permanently disabled, it was stated on progress notes of October 9, 2014 and November 12, 2014, referenced above. While the applicant did report some reduction in pain scores from 7-8/10 without medications versus 3-4/10 pain with medications, these self-reported analgesia with medications are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any material improvements in function achieved as a result of ongoing opioid therapy. The applicant's comments to the effect that he would be bedridden without these medications does not, in and of itself, constitute meaningful or substantive improvement with ongoing opioid therapy. The attending provider's comments to the effect that the applicant is able to do light yard work and/or light household chores was not elaborated or expounded upon and is outweighed by the applicant's failure to return to work and the attending provider's report of January 23, 2014, which suggested that the applicant was having difficulty performing various activities of daily living such as bending, lifting, twisting, prolonged standing, and/or prolonged walking. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy, including Opana therapy. Therefore, the request was not medically necessary.

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-87.

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 California 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. Here, however, the applicant is off of work. The applicant has been deemed permanently

disabled, his treating provider has acknowledged on several occasions, referenced above. While the attending provider has reported some reduction of pain scores from 7-8/10 without medications to 3-4/10 pain with medications, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy, including ongoing Norco usage. The attending provider's comments to the effect that the applicant would be bedridden without these medications does not, in and of itself, constitute evidence of substantive or meaningful improvement achieved as a result of the same. The attending provider's comments on January 23, 2014, to the effect that the applicant was having difficulty performing activities of daily living such as standing, walking, lifting, carrying, pushing, pulling, and twisting outweighed the attending provider's subsequent comments that the applicant was able to remain active up to four hours a day with his medications. All of the foregoing, taken together, thus, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.