

Case Number:	CM14-0182678		
Date Assigned:	11/07/2014	Date of Injury:	12/14/2001
Decision Date:	12/16/2014	UR Denial Date:	10/02/2014
Priority:	Standard	Application Received:	11/03/2014

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 December 14, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; transfer of care to and from various providers in various specialties; earlier lumbar laminectomy surgery; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 2, 2014, the claims administrator approved OxyContin, denied Norco, and approved a followup visit. The applicant's attorney subsequently appealed. In a progress note dated October 10, 2014, the applicant reported ongoing complaints of chronic low back and neck pain. The applicant stated that he needed high doses of opioids to maintain performance of activities of daily living. In another section of the note, the applicant reported complaints of severe low back pain radiating to the bilateral lower extremities with attendant complaints of lower extremity paresthesias and difficulty with balance. The applicant apparently had issues with peripheral neuropathy superimposed on issues with lumbar radiculopathy. OxyContin and Norco were renewed. The applicant's work status was not furnished. It was stated that the applicant had been using his opioids for a span of over 10 years. On July 23, 2014, the applicant stated that he was not doing well. Severe, chronic low back pain was noted. The applicant was still having difficulty performing walking, balance, and performing other activities of daily living. The applicant was asked to consult a neurosurgeon. The applicant was asked to continue Norco and OxyContin for pain relief. The applicant's work status was not furnished, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen (Norco).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 includes evidence of successful return to work, improved functioning, and reduced pain achieved as a result of the same. Here, however, the applicant no longer appears to be working, although it is acknowledged that the attending provider has failed to document the applicant's medication list from visit to visit. The applicant continues to report complaints of severe low back pain from visit to visit, it is further noted. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of the same. The applicant, furthermore, appears to be experiencing difficulty performing activities of daily living as basic as standing and walking, despite ongoing usage of opioids, including Norco and OxyContin. All of the foregoing does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.