

Case Number:	CM14-0183755		
Date Assigned:	11/10/2014	Date of Injury:	06/27/2006
Decision Date:	12/18/2014	UR Denial Date:	10/15/2014
Priority:	Standard	Application Received:	11/04/2014

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 27, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier lumbar spine surgery; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review Report dated October 15, 2014, the claims administrator failed to approve a request for Norco. In a progress note dated August 11, 2014, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was using one and half tablets of Norco daily. The applicant was no longer using a cane, it was acknowledged, despite his ongoing pain complaints. The applicant was no longer using fentanyl or OxyContin. The applicant had reduced his opioid consumption by 90%, it was noted. The applicant was given diagnosis of failed back surgery syndrome. The applicant was asked to continue using Norco at a rate of 45 tablets monthly. It was stated that ongoing usage of Norco was attenuating the applicant's pain complaints and ameliorating the applicant's ability to perform activities of daily living. It was not clearly stated, however, what activities of daily living had specifically been ameliorated on this occasion. Epidural steroid injection therapy was sought. The applicant's disability status was "unchanged" implying that the applicant was not working. In a June 9, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was reportedly using Lyrica, Norco, Xanax, Wellbutrin, Mevacor, valsartan, and baclofen, it was acknowledged. The applicant did have comorbid hypertension, it was noted. Limited range of motion was noted. The applicant's BMI was 31. X-rays demonstrated a solid fusion. The applicant was asked to follow up with a pain management physician as he was not a candidate for further surgery. There was no discussion of medication selection or medication efficacy on

this occasion. In an October 6, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating into the left leg. The applicant was having difficulty sleeping; it was noted on this occasion. The attending provider reported in one section of the note that the applicant was "ambulating with a cane" and then wrote in another section of the note that the applicant exhibited a "normal gait." The attending provider then stated that the applicant's medications were helpful but did not elaborate or expound upon the same. Lyrica, Norco, baclofen, Pamelor, and Xanax were renewed. The applicant was asked to remain off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet 10/325 mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Opioids for Chronic Pain

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. Here, however, the applicant is off of work and had been off of work for large portions of the claim. While the attending provider has noted on several progress notes that the applicant has benefitted with medication consumption, the attending provider has failed to elaborate or expound upon the same. The attending provider has failed to outline any quantifiable decrements in pain or any specific, material, or tangible improvements in function achieved as a result of ongoing opioid therapy with Norco. The applicant's continued complaints of severe low back pain radiate into the legs and difficulty performing activities of daily living as basic as standing and walking do not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.