

Case Number:	CM14-0184929		
Date Assigned:	11/12/2014	Date of Injury:	06/29/2009
Decision Date:	12/30/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/06/2014

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 29, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; adjuvant medications; psychotropic medications; earlier lumbar spine surgery; and subsequent implantation of a spinal cord stimulator. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for MS Contin and Norco. The applicant's attorney subsequently appealed. In a September 31, 2014 progress note, the applicant reported ongoing complaints of low back pain status post failed lumbar spine surgery. The applicant had also developed a complex regional pain syndrome of the lower extremities, it was stated. The applicant was status post a recent spinal cord stimulator implantation. The applicant was on MS Contin, Norco, Lyrica, Colace, Senna, and Wellbutrin, it was stated as of this point in time. The applicant was using a cane to move about. Multiple medications were renewed. The applicant was asked to continue psychotherapy. The applicant's work status was not detailed. It was stated that the applicant's medications were needed to keep his pain within manageable limits and improve performance of activities of daily living. A December 31, 2013 medical-legal evaluation was notable for comments that the applicant was socially isolated, depressed, and frustrated. It was suggested that the applicant had not worked since the date of injury. It was stated that medication side effects and inability to work were preventing him from maintaining appropriate relationship with family members. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was acknowledged. A July 29, 2014 progress note was notable for comments that the applicant reported 6.5-7/10 with medications versus 9-10/10 pain without medications. The applicant was

on MS Contin, Lyrica, Norco, Wellbutrin, and Flexeril, it was acknowledged. The applicant reported some drowsiness with medications. The applicant stated that he would be bedridden without his medications and the medications were allowing him to shop for essentials while using a cart as a walker. MS Contin, Norco, and Flexeril were renewed. In a medical-legal evaluation dated August 25, 2014, it was acknowledged that the applicant had severe chronic constant low back pain and leg pain. The medical-legal evaluator concluded that the applicant was now iatrogenically addicted to his opioids. It was stated that the applicant was having difficulty performing activities of daily living as basic as standing, walking, negotiating stairs, lifting, carrying, pushing, pulling, and climbing. Severe pain complaints with associated depression and anxiety were reported. The applicant was having difficulty interacting with others and engaging in recreational activities owing to ongoing pain complaints. The applicant remained off of work, on total temporary disability, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

MS Contin 30 mg # 90, prescribed on 9/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it has been acknowledged. While the applicant did report some reduction in pain scores from 9-10/10 without medications versus 6-6.5/10 with medications, this is, however, outweighed by the applicant's failure to return to work and continued difficulty performing activities of daily living as basic as standing, walking, kneeling, bending, squatting, and/or negotiating stairs. The applicant's comments to the effect that he would be bedridden without his medications do not, in and of itself, constitute evidence of substantive improvement achieved as a result of ongoing MS Contin usage. Therefore, the request was not medically necessary.

Norco 10/325 mg # 240, prescribed on 9/26/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. Here, however, the applicant is off of work, on total temporary disability. The applicant is having difficulty performing activities of daily living as basic as standing, walking, lifting, carrying, pushing, and pulling, despite ongoing opioid usage, including ongoing Norco usage. While the applicant did report some reduction in pain scores achieved as a result of ongoing medication consumption, these are, however, outweighed by the applicant's failure to return to work and difficulty performing even basic activities of daily living. Therefore, the request was not medically necessary.