MAXIMUS Federal Services

Case Number:	CM14-0028943		
Date Assigned:	04/07/2014	Date of Injury:	06/08/2000
Decision Date:	05/27/2014	UR Denial Date:	12/19/2013
Priority:	Standard	Application Received:	01/16/2014

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 Physical Medicine and Rehabilitation, and is licensed to practice in Illinois. 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 injured worker is a 65-year-old male who reported an injury on 06/08/2000. The mechanism of injury is cumulative trauma related to the performance of job duties. The initial course of treatment is unclear; however, it is apparent that the injured worker's course of rehabilitation has been complicated by multiple non-industrial illnesses, adding to his overall disability. Despite multiple surgical interventions to the lumbar and cervical spine (not related to the present industrial injury), the injured worker continues to have a significant amount of pain, increased by non-industrial comorbidities. The injured worker currently utilizes a scooter for mobility, due to the inability to ambulate long distances, and currently utilizes multiple medications and an H-wave unit to manage his chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

NOROC 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 79, 88.

Decision rationale: The guidelines recommend opioids to treat moderate to severe chronic pain. Ongoing assessment of opioid therapy includes documentation of functional abilities every 6 months, utilizing a numerical scale or validated instrument, a thorough pain assessment performed at each clinical visit, and urine drug screens to monitor for compliance. Additionally, guidelines state that opioids should be tapered and discontinued if there is no overall improvement in function or pain, and other alternative therapies should be implemented. The clinical information submitted for review noted that the injured worker has had no change in his pain levels, and an occasional increase in pain levels, as documented in the most recent clinical notes, from 12/2012 to 05/2013. Despite stagnant and occasionally increased pain levels, the injured worker stated his medications were "working well"; however, no objective pain levels were provided. Additionally, no evidence of a urine drug screen was submitted for review, nor discussed within the medical records. Furthermore, the injured worker's range of motion values have remained unchanged, as documented in all of the clinical notes submitted for review. Also noted was the injured worker's decline in functional ability to ambulate, thereby necessitating the use of a scooter. As the injured worker has not experienced an increase in function or decrease in pain, as well as no provision of a urine drug screen or objective pain levels, continuation of this medication is not indicated. However, it is not recommended for the abrupt discontinuation of opioids; therefore, it is expected that the physician will allow for safe weaning. As such, the request for Norco 10/325 mg #180 is not medically necessary and appropriate.