

Case Number:	CM14-0031814		
Date Assigned:	07/18/2014	Date of Injury:	05/24/2005
Decision Date:	08/25/2014	UR Denial Date:	02/27/2014
Priority:	Standard	Application Received:	03/13/2014

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 has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 24, 2005. Thus far, the applicant has been treated with the following: analgesic medications; attorney representation; long and short-acting opioids; epidural steroid injection therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated February 27, 2014, the claims administrator apparently denied a request for MS Contin and Norco on the grounds that these opioids were not efficacious. The claims administrator did not incorporate any guidelines into its rationale, however. The claims administrator's report was extremely difficult to follow, used run-on sentences, and frequently contained misspelt words. The applicant's attorney subsequently appealed. In a progress note dated March 12, 2014, the attending provider appealed the denial of opioid medications. The applicant was described as using a cane to move about. The attending provider stated that the applicant's usage of opioid medications did reportedly generate 60% improvement in standing and walking tolerance. The applicant still had difficulty falling asleep and reportedly had to rest constantly during the day secondary to pain. It was noted that the applicant was still having difficulty walking greater than two blocks. The 8/10 pain was reported. The applicant exhibited diminished lower extremity strength and was apparently using a cane. The applicant claimed that he would be lying in bed most of the day without the opioid medications. The attending provider wrote that the applicant's 8/10 pain did represent reasonable pain control here.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Request for Norco 10/325 mg, QTY 112 DOS 3/12/14: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic 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 seemingly off of work. The applicant's pain complaints remain quite high, in the 8/10 range, despite ongoing usage of Norco. The applicant was having difficulty performing even basic activities of daily living, such as standing and walking, despite ongoing opioid usage. The applicant is using a cane to move about. All of the above, taken together, suggest that ongoing usage of opioids, including ongoing Norco usage have not been entirely successful. Therefore, the request was not medically necessary.

Retrospective Request for MS Contin ER 30 mg, QTY 84 DOS 3/12/14: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Morphine Sulfate.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: The request for MS Contin, a long-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 80 of the MTUS Chronic 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, none of the aforementioned criteria was met. The applicant's pain levels remain quite high, in the 8/10 range, despite ongoing morphine usage. The applicant is not working. The applicant has difficulty performing even basic activities of daily living, such as ambulating, despite ongoing usage of MS Contin. Therefore, the request is not medically necessary.