MAXIMUS Federal Services

Case Number:	CM14-0033568		
Date Assigned:	06/16/2014	Date of Injury:	01/31/2003
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/07/2014

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 and hip pain reportedly associated with an industrial injury of January 31, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a utilization review report dated February 24, 2014, the claims administrator retrospectively denied request for extended release Opana and Norco, citing a variety of non-MTUS Guidelines, including third edition ACOEM Guidelines and ODG Guidelines along with MTUS Guidelines. The overall report was extremely difficult to follow and continued to reference third edition ACOEM Guidelines throughout the rationale. The applicant's attorney subsequently appealed. A September 10, 2013 psychiatry note was notable for comments that the applicant was off of work, on total temporary disability. Through preprinted checkboxes, the applicant's psychiatrist stated that the applicant was still experiencing issues with anxiety, anger, insomnia, and depression. Remeron and Klonopin were refilled.An August 26, 2013 progress note is notable for comments that the applicant was reporting low back pain radiating to the bilateral legs, 2 to 9/10. It was stated that the applicant's functionality was improved 55 to 60% with the current medication regimen. The applicant stated that she was able to drive, cook light meals, and do light chores as a result of her medications. The applicant did have comorbidities including hypertension and depression, it was acknowledged, and was status post two spine surgeries, it was stated. The applicant's medication list at that time included Prozac, Norco, Opana, Lyrica, and Soma. The applicant was receiving disability benefits and was off of work, it was acknowledged. The applicant's BMI is 29, it was further noted.On December 16, 2013, the attending provider stated that the applicant was able to do light household chores, cook light meals, drive, and was able to perform activities of self-care and personal hygiene.In a progress

note dated January 31, 2014, the attending provider again noted that the applicant reported 2 to 5/10 low back and lower extremity pain. The applicant again reiterated that the current medication regimen was managing her pain well. The applicant was not working, it was acknowledged at that point. The applicant was on Norco, Opana, Soma, Lyrica, and Klonopin, it was further noted. It was again stated that the applicant had valid goal of returning to work and felt that her medications were allowing her to maintain productive activity at home. The applicant again stated that the current medication regimen was allowing her to maintain her functional status.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR OPANA ER 10MG #60 DISPENSED ON 02/11/2014: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Opioids Page(s): 80-82.

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

Decision rationale: In this case, while the applicant is off of work, the applicant does report appropriate improvements in function, including heightened ability to perform household chores, activities of daily living, cook, clean, drive, care for herself and family members, etc., with ongoing medication use, including ongoing opioid usage. The applicant is reporting appropriate reduction in pain levels from anywhere from 5/10 to 2/10 with ongoing opioid usage. Therefore, the request for Opana was medically necessary, for all the stated reasons.

RETROSPECTIVE REQUEST FOR NORCO 10/325 MG #180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chapter Opioids Page(s): 80-82.

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

Decision rationale: In this case, while the applicant has admittedly failed to return to work, it is unclear whether the applicant's failure to return to work is a function of her medical issues or mental health issues. In any case, the attending provider has posited that the applicant meets other remaining two criteria set-forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has reported appropriate improvements in function, including ability to perform self-care, personal hygiene, cook, clean, drive, care for family members, etc., with ongoing medication usage. The applicant is likewise reporting appropriate reductions in pain scores with ongoing medication usage. Therefore, the request was medically necessary, for all the stated reasons.