

Case Number:	CM14-0035662		
Date Assigned:	06/23/2014	Date of Injury:	07/19/1999
Decision Date:	07/30/2014	UR Denial Date:	03/11/2014
Priority:	Standard	Application Received:	03/24/2014

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 pain syndrome, chronic neck pain, chronic low back pain, and major depressive disorder reportedly associated with an industrial injury of July 19, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; earlier cervical laminectomy surgery; and opioid therapy. In a handwritten progress note dated December 18, 2013, the applicant was described as off of work and permanently disabled. The note was handwritten and difficult to follow. The applicant was using a variety of topical compounds, Neurontin, Ambien, and Flector patches, it was stated, at that point in time. In a pain psychology consultation of October 28, 2013, it was stated the applicant was jailed in 2006. The applicant had a lengthy history of OxyContin usage. It was stated that the applicant was using OxyContin in 2006. In a medical-legal report of March 1, 2013, it was stated that the applicant had not worked since 1999 and that the possibility of her returning to work was remote at best. Multiple handwritten progress notes interspersed throughout 2011 and 2013 were all notable for comments that the applicant remained off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 has failed to achieve any of the aforementioned criteria despite longstanding usage of opioids such as Norco. The applicant is off of work. The applicant has been deemed permanently disabled. The attending provider's progress notes are sparse, handwritten, difficult to follow, not entirely legible, and do not establish any evidence of requisite reductions in pain and/or improvements in function achieved as a result of ongoing Norco usage. There is no evidence that the applicant has been able to achieve any improvements in terms of performance of non-work activities of daily living through ongoing opioid usage. Therefore, the request for Norco is not medically necessary.

Robaxin 500mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 65.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS , Muscle Relaxants topic.2. MTUS Page(s): 7, 63.

Decision rationale: As noted on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines, muscle relaxants such as Robaxin are recommended for short-term use purposes, to combat acute exacerbations of chronic pain. Robaxin is not recommended for the chronic, long-term, and/or scheduled use purpose for which is being proposed here. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines notes that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. In this case, however, the applicant is off of work. The attending provider has not established the presence of any reductions in pain and/or improvements in function with ongoing Robaxin usage. Ongoing Robaxin usage has failed to diminish the applicant's consumption of opioids such as Norco and Dilaudid. Therefore, the request is not medically necessary.

Dilaudid 4mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1. MTUS. 2. MTUS, When to Continue Opioids topic Page(s): 78, 80.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. In this case, however, the attending provider has not furnished any compelling

rationale which would support usage of two separate short-acting opioids, Dilaudid and Norco. It is further noted that, as with the request for Norco, the applicant has failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of the same. The applicant is off of work. There is no evidence of any significant reductions in pain and/or improvements in function achieved as a result of ongoing Dilaudid usage. Therefore, the request is not medically necessary.

Continued pain management visits: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 8, page 177, the frequency of follow-up visits should be dictated by an applicant's work status. In this case, the applicant is off of work. While more frequent follow-up visits could have been endorsed here, in this case, however, the request is imprecise. It is not clearly stated how many office visits are intended, at what frequency, for what duration, etc. Therefore, the request is not medically necessary owing to the imprecise nature of the request.