

Case Number:	CM14-0049402		
Date Assigned:	07/07/2014	Date of Injury:	08/16/2010
Decision Date:	09/15/2014	UR Denial Date:	03/12/2014
Priority:	Standard	Application Received:	04/17/2014

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 August 16, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy. In a Utilization Review Report dated March 12, 2014, the claims administrator partially certified Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a chiropractic progress note dated January 28, 2013, the applicant was described as having ongoing issues with 3-8/10 ankle and foot pain with swelling and discoloration. The applicant also reported 3-8/10 low back pain. The applicant was working, reportedly with pain. The applicant was reportedly working albeit with pain. Ankle pain, low back pain, myalgias were amongst the operating diagnoses. In an April 2, 2014 progress note, the applicant was described as carrying diagnoses of chronic low back pain, ankle sprain, and CRPS type 1. The applicant reported pain ranging from 4-8/10. The applicant did have issues with depression and anxiety. The applicant stated that 50% of his pain symptoms have been reduced with the current dosage of Norco at a rate of four times daily. The applicant did state that he had suffered a robbery on March 7, 2014, in which many of his medications and personal belongings were stolen. The applicant stated that Norco was generating moderate improvement. The attending provider stated that the applicant was likely a long-term opioid user. It was suggested that the applicant was off of work, on total temporary disability, in one section of the note. Another section of the report stated that the applicant had gained 100 pounds since the date of injury. Another section of the report stated that the applicant was only receiving 10% reduction in pain

with Norco and that the applicant's symptoms were not improving despite his current treatment regimen. Norco, Lyrica, and Cymbalta were all endorsed. The attending providers stated that the applicant was significantly impaired and that further physical therapy was therefore needed to ameliorate the same. On February 14, 2014, the applicant reported highly variable pain ranging from 4-8/10 with lower extremity weakness. The applicant was only able to ambulate approximately one city block. Only 10% reduction in pain level was reported with Neurontin usage, while another section of the report stated that Norco was generating 50% reduction in pain levels. The applicant had, however, gained 100 pounds since the injury and remained totally temporary disabled, it was stated. Norco, Lidoderm, and a bone scan were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of medications, Opioids Page(s): 124, 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, 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, on total temporary disability, as of early 2014. The attending provider's reporting of highly variable reduction in pain levels by anywhere from 10% to 50% with opioid therapy appeared to be outweighed by the applicant's failure to return to work, reported gain of 100 pounds, and reported difficulty ambulating greater than one block. By his own self report, the applicant has stated that his ability to perform various activities of daily living is significantly curtailed, although it is acknowledged that this may represent some combination of mental and chronic pain issues as opposed to chronic pain issues alone. Nevertheless, on balance, it does not appear that the criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy have been met here. Therefore, the request is not medically necessary.