MAXIMUS Federal Services

Case Number:	CM14-0052939		
Date Assigned:	07/07/2014	Date of Injury:	11/18/2002
Decision Date:	08/26/2014	UR Denial Date:	04/07/2014
Priority:	Standard	Application Received:	04/21/2014

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 [redacted] employee who has filed a claim for chronic pain syndrome, chronic neck pain, chronic low back pain, and bilateral knee pain reportedly associated with an industrial injury of November 18, 2002. The applicant apparently sustained a fall from a 12-foot high ladder while employed as a surveyor, it was suggested. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; opioid therapy; transfer of care to and from various providers in various specialties; psychological counseling; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated April 7, 2014, the claims administrator apparently failed to approve a request for hydrocodone-acetaminophen for weaning over two months. The claims administrator suggested that the applicant can wean off of the opioid in question over a span of one month as opposed to a span of two to three months, as proposed by the attending provider. The applicant's attorney subsequently appealed. A February 7, 2014 progress note was notable for comments that the applicant had persistent multifocal neck, low back, and knee pain complaints. The applicant is using a cane to move about. The applicant was apparently using topical ketamine and lidocaine and using Sprix, an opioid nasal spray, for severe flares of pain. A variety of medications were refilled. In a progress note of December 16, 2013, the applicant was described as using a walker to move about. The applicant was using Frova, lidocaine, ketamine, Xanax, Norco, Zofran, Nexium, Sprix, glucosamine, and Celebrex, it was suggested. The applicant was already at maximum medical improvement, it was acknowledged. On April 3, 2014, the applicant was again described as using a variety of pain medications. The applicant stated that Norco was reducing her pain levels from 10/10 to 7/10 and was ameliorating her ability to walk around the home and bathe herself. The applicant remained depressed. The applicant's medications reportedly included Frova, lidocaine, ketamine, Xanax, Norco, Zofran, Nexium, Sprix,

glucosamine, Celebrex, and Zoloft. Permanent work restrictions were renewed. The attending provider again posited that the medications were allowing the applicant to perform activities of daily living such as dressing and bathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE/APAP 10-325MG #180 FOR THE PURPOSE OF WEANING TO DISCONTINUE OVER A WEANING PERIOD OF 2-3 MONTHS: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Weaning of Medications topic. When to Continue Opioids topic. Page(s): 124, 80.

Decision rationale: While page 124 of the MTUS Chronic Pain Medical Treatment Guidelines does support weaning or tapering opioids such as hydrocodone-acetaminophen via a slow taper, in this case, the applicant is concurrently using a second opioid, Sprix nasal spray. It is unclear why the applicant needs a two- to three-month weaning supply of Norco. She is concurrently using Sprix nasal spray. It is further noted that the applicant failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant's reduction in pain levels from 10/10 to 7/10 with opioid therapy appears to be negligible and is outweighed by the applicant's failure to return to any form of work and continued reliance on a walker and a cane for even basic activities of daily living such as ambulating. The attending provider's statement that the applicant is able to bathe and dress herself with opioids appears to be of marginal benefit of opioid therapy, one seemingly outweighed by the relatively minimal decremented pain levels and failure of the applicant to return to any form of work. Therefore, the request is not medically necessary.