

Case Number:	CM14-0053103		
Date Assigned:	07/07/2014	Date of Injury:	06/20/2003
Decision Date:	08/21/2014	UR Denial Date:	03/21/2014
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 represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 20, 2003. Thus far, the applicant has been treated with analgesic medications, attorney representation; transfer of care to and from various providers in various specialties; multiple knee surgeries; knee corticosteroid injections; unspecified amounts of physical therapy; psychotropic medications; and lumbar epidural steroid injection therapy. In a Utilization Review Report dated March 21, 2014, the claims administrator denied a request for Levorphanol, an opioid, on the grounds that the applicant had reportedly failed to improve with the same. The applicant's attorney subsequently appealed. A March 10, 2014 progress note is notable for comments that the applicant presented with persistent complaints of low back, knee, and shoulder pain. The applicant was using Ambien, Bentyl, Wellbutrin, Levorphanol, MiraLax, Zofran, Prevacid, Seroquel, Valium, and Vicodin, it was acknowledged. The applicant exhibited an antalgic gait requiring usage of a cane and wheelchair in the clinic setting. The attending provider sought authorization for psychiatric follow-up and opioid therapy. The applicant did have medical history notable for bipolar disorder, fibromyalgia, posttraumatic stress disorder, and multiple knee surgeries, it was noted. The applicant was described as living alone, single, and disabled. On January 30, 2014, the applicant reported persistent complaints of pain, multifocal, about the low back, bilateral lower extremities, left knee, and bilateral upper extremities, 8/10. The applicant has difficulty performing even basic activities of daily living such as reaching, gripping, grasping, and walking. A variety of medications, including Levorphanol, Bentyl, Ambien, Prevacid, and Zofran were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

180 tablets of Levophanol Tartate 2 mg: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints, Chronic Pain Treatment Guidelines Opioids; On going management.

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 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, these criteria have not been met. The applicant reports high levels of pain, consistently described as in the 8/10 range or greater, despite ongoing opioid usage. The applicant is not working. The applicant has been deemed disabled. The applicant is having difficulty performing even basic activities of daily living such as ambulating, despite ongoing opioid usage. The criteria for continuation of opioid therapy have, quite really, not been met. Therefore, the request is not medically necessary.