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| Case Number: | CM14-0070067 | | |
| Date Assigned: | 07/14/2014 | Date of Injury: | 01/06/1997 |
| Decision Date: | 09/15/2014 | UR Denial Date: | 04/24/2014 |
| Priority: | Standard | Application Received: | 05/15/2014 |

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 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 January 6, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; a functional restoration program; a TENS unit; and opioid therapy. In a Utilization Review Report dated April 24, 2014, the claims administrator denied a request for hydrocodone and acetaminophen while approving a request for fentanyl patches. The claims administrator's decision appears to have been predicated, in large part, on the outcome of a medical-legal evaluation which apparently suggested that usage of fentanyl patch was appropriate while usage of Norco was not. The applicant's attorney subsequently appealed. In a December 2, 2014 progress note, the applicant reported persistent complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant was using Duragesic, Norco, albuterol, Claritin, Colace, Flexeril, Naprosyn, Protonix, and Ambien. The applicant wanted to diminish medication consumption, it was suggested. The attending provider stated that he was in the process of trying to diminish the applicant's medication consumption and suggested that the applicant begin weaning off of the same. On January 14, 2014, the applicant reported 3.5/10 pain. The applicant was having difficulty maintaining exercise regimen, it was stated. The applicant was using four tablets of Norco daily, it was stated, along with a TENS unit. The applicant was asked to use Norco as needed for breakthrough pain. The attending provider sought authorization for a TENS unit supply and gym membership. The applicant was described as not working with permanent limitations in place. The attending provider did not clearly outline any improvements in function achieved with ongoing medication consumption. On February 11, 2014, the applicant again reported persistent complaints of low back pain. The applicant was apparently having difficulty and pain complaints with home exercises. The

applicant was again described as permanent and stationary with permanent disability. Duragesic, Norco, and Protonix were apparently endorsed. On March 11, 2014, the applicant reported 6/10 low back pain radiating to the right leg, 6/10 without medication and 3/10 with medication. The applicant stated that she was not able to do home exercises including working and swimming and was, furthermore, able to perform dishes and laundry. It was acknowledged that the applicant was using and tolerating the medications well and that the coping skills gained during the functional restoration program had also helped. Medications were refilled. The applicant's permanent restrictions were renewed. It was acknowledged that the applicant was having difficulty doing yard work, despite medication consumption. On April 8, 2014, the applicant stated that her pain medications continued to reduce her pain by 50% and were ameliorating her ability to perform activities of daily living, including home exercises at a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 5/325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, while the applicant has not returned to work, the attending provider has acknowledged significant reductions in pain levels from 6/10 to 3/10 with ongoing Norco usage. The applicant's ability to perform home exercises, do household chores, attend a gym, etc., have all been ameliorated through ongoing hydrocodone-acetaminophen usage, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.