

Case Number:	CM14-0072932		
Date Assigned:	07/16/2014	Date of Injury:	06/30/1994
Decision Date:	09/22/2014	UR Denial Date:	04/24/2014
Priority:	Standard	Application Received:	05/20/2014

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 neck, arm, back, groin, and leg pain reportedly associated with an industrial injury of June 25, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; two prior lumbar laminectomy surgeries; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated April 24, 2014, the claims administrator apparently failed to approve request for Ritalin, Norco, oxycodone, and morphine. The applicant's attorney subsequently appealed. In a June 16, 2014 progress note, the applicant reported persistent complaints of low back pain status post multiple epidural steroid injections. The applicant had ongoing issues with pain and muscle spasms, it was stated. The applicant stated that he was isolated and had difficulty cooking his meals and cleaning his home. The attending provider complained that the claims administrator denied several opioids. The applicant again posited that the medications were beneficial. The applicant stated that he had goals of returning to work either as a volunteer or on a part-time basis. The applicant had apparently diminished his morphine equivalent dosage from 500 equivalents daily to 320 mg daily, it was suggested. The applicant was using both intrathecal opioids and oral pain medications, it was stated. The attending provider stated that the applicant could benefit from a functional restoration program. Permanent work restrictions were renewed. The applicant was asked to continue intrathecal opioids. Oxycodone, MS Contin, and Norco were renewed. In another section of the report, it was stated that the applicant was using carisoprodol, morphine, Norco, oxycodone, and Ritalin. It was not stated for what purpose Ritalin is being employed. On May 21, 2014, the applicant again presented with persistent complaints of low back pain, ranging from 7-9/10. While the attending provider reported in some section of the report that the applicant was improving with opioid therapy, other sections of the report stated that the applicant

was unable to sleep secondary to pain, had difficulty cooking his meals, and difficulty cleaning his home. The applicant was reportedly isolated and had issues with nausea and vomiting, apparently brought on either by opioids or by pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Ritalin: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 7-8. Decision based on Non-MTUS Citation Food and Drug Administration (FDA), Ritalin Medication Guide.

Decision rationale: While the MTUS does not specifically address the topic of Ritalin usage, pages 7 and 8 of the MTUS Chronic Pain Medical Treatment Guidelines stipulate that an attending provider using a drug for non-FDA labeled purposes has a responsibility to be well informed regarding usage of the same and should, furthermore, furnish some evidence to support such usage. The Food and Drug Administration (FDA) notes that Ritalin is indicated in the treatment of attention deficit hyperactivity disorders and/or narcolepsy. In this case, however, there is no evidence that the applicant carries either diagnosis of attention deficit hyperactivity disorder and/or narcolepsy for which Ritalin would be indicated. The attending provider has not stated for what purpose the applicant is using Ritalin, suggesting that the applicant may be using Ritalin to combat issues with opioid-induced sedation, a non-FDA labeled role. No applicant-specific rationale or medical evidence was attached so as to offset the unfavorable FDA position on usage of Ritalin in the context present here. Therefore, the request is not medically necessary.

Norco 10mg q 4-6h: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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. The applicant's reported reduction of pain scores from 9/10 to 7/10 with ongoing Norco therapy appears to be a marginal to negligible benefit, one which is outweighed by the applicant's failure to return to work and reported difficulty performing even basic activities of daily living such as sitting, household chores, cooking, and cleaning. Therefore, the request is not medically necessary.

Oxycodone 15mg-30mg q4h: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic Page(s): 78.

Decision rationale: As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest, if possible, dose of opioids should be prescribed to improve pain and function. In this case, it was not clearly stated why two separate short-acting opioids, namely oxycodone and Norco, were being employed here. Therefore, the request was not medically necessary.

Morphine Sulfate 60mg TID: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the applicant is off of work. The applicant did report some reduction in pain levels from 9/10 to 7/10 with ongoing medication usage, including ongoing morphine usage. However, this appears to be somewhat marginal benefit, seemingly outweighed by the applicant's failure to return to any form of work and continuing difficulty performing even basic activities of daily living such as lying down, cooking, cleaning, etc. Therefore, the request is not medically necessary.