MAXIMUS Federal Services

Case Number:	CM14-0091859		
Date Assigned:	07/25/2014	Date of Injury:	12/20/2006
Decision Date:	09/29/2014	UR Denial Date:	06/10/2014
Priority:	Standard	Application Received:	06/17/2014

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 December 20, 2006.Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; psychological counseling; opioid therapy; adjuvant medications; and transfer of care to and from various providers in various specialties.In a Utilization Review Report dated June 10, 2014, the claims administrator denied a request for morphine and Norco while approving request for gabapentin and trazodone. A variety of MTUS and non-MTUS Guidelines were cited to deny the opioids at issue.The applicant's attorney subsequently appealed.On December 3, 2013, the applicant reported persistent complaints of low back pain, chronic, radiating into the right leg, with associated spasms. The applicant was using morphine extended release twice daily and Norco 10/325 up to four times daily. The applicant was also using Neurontin, Soma, and topical compounded drugs. Pain ranging from 3/10 with medications versus 8/10 without medications was reported. The attending provider stated that the applicant's ability to sit, stand, and walk was reportedly ameliorated with ongoing medication usage. The applicant did have comorbidities including diabetes and was using metformin, Xanax, hydrochlorothiazide, and omeprazole, it was stated. A variety of agents were refilled. The applicant's work status was not provided.On May 22, 2014, the attending provider again posited that the applicant's pain levels were diminished with ongoing opioid therapy and stated that the applicant's ability to sit, stand, and walk was improved with the same. The attending provider stated that the applicant would be bed confined without the opioids at issue. Somewhat incongruously, the attending provider then reported, in another section of the report, the applicant's pain was severe, burning, and electrical in nature. The applicant was having difficulty performing sitting, standing, walking, bending, and sleeping, it was noted. The

applicant was using morphine, Norco, Neurontin, Desyrel, metformin, Xanax, hydrochlorothiazide, topical compounds, and unspecified blood pressure lowering medications. Several medications were renewed. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Morphine ER, 30 mg, #60, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, the applicant does not appear to be working. While some of the attending provider's progress notes suggested that the applicant is deriving appropriate analgesia from ongoing opioid usage, the attending provider, however, has failed to outline any tangible or material improvements in function achieved as a result of ongoing therapy, including ongoing morphine usage. While some of the attending provider's progress notes stated that the applicant's ability to sit, stand, and walk had been ameliorated as a result of ongoing medication consumption, other sections of the same progress note stated that the applicant was having difficulty performing standing, walking, bending, sleeping, and other basic activities of daily living. The attending provider's incongruous reporting of the applicant's symptoms and ability to perform activities of daily living (or lack or thereof), coupled with the applicant's seeming failure to return to any form of work, thus, outweigh the applicant's reports of analgesia achieved as a result of ongoing medication consumption. Therefore, the request is not medically necessary.

Norco, 10/325 mg, #180, no refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability Guidelines.

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, the applicant is seemingly off of work. While the attending provider's progress notes do recount reductions in pain scores with ongoing opioid therapy, these are seemingly outweighed by the attending provider's incongruous reporting of the applicant's ability to perform activities of daily living. Several of the attending provider's progress notes suggested

that the applicant was having difficulty performing even basic activities of daily living such as sitting, standing, walking, bending, sleeping, etc., while other sections of the same progress note suggested that the applicant's ability to perform activities of daily living was reportedly improved as a result of the same. On balance, thus, the incongruous reporting of the applicant's functionality and ability to perform activities of daily living, taken together with the applicant's seeming failure to return to any form of work, thus, outweigh the applicant's reports of analgesia achieved as a result of ongoing medication usage, including ongoing Norco usage. Therefore, the request is not medically necessary.