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| Case Number: | CM13-0032302 | | |
| Date Assigned: | 12/11/2013 | Date of Injury: | 10/12/2005 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 09/05/2013 |
| Priority: | Standard | Application Received: | 10/07/2013 |

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 51-year-old [REDACTED] employee who has filed a claim for chronic neck pain, chronic low back pain, chronic bilateral foot pain, and chronic bilateral knee pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of October 12, 2005. In a Utilization Review Report dated October 7, 2013, the claims administrator failed to approve requests for Norco and Ativan. The claims administrator referenced a progress note dated November 19, 2013 in its determination. The claims administrator noted that the applicant had undergone earlier lumbar discectomy surgery and earlier total knee arthroplasty surgery. The applicant's attorney subsequently appealed. On December 10, 2013, the applicant was placed off of work, on total temporary disability. 6/10 pain with medications versus 8-9/10 without medications was appreciated. The applicant was given refills of BuTrans, Norco, Motrin, Ativan, Colace, topical compounds, and Skelaxin while remaining off of work. The applicant continued to report issues with gait derangement and difficulty sleeping secondary to pain complaints. The attending provider noted that the applicant was in fact employing Ativan for sedative effect. On December 4, 2013, the applicant was, once again, placed off of work, on total temporary disability. Persistent complaints of low back and knee pain were evident. The applicant had comorbidities including diabetes and hypertension. The applicant's medication list included OxyContin, Xarelto, Norco, Feosol, Ecotrin, Ativan, and Accupril. The applicant was using a cane to move about.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. While the attending provider did outline some reduction in pain scores reportedly effected as a result of opioid therapy, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage. The applicant's continued difficulty performing activities of daily living as basic as standing and walking did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

Ativan 1mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Benzodiazepines Page(s): 24.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 15 Stress Related Conditions Page(s): 402.

Decision rationale: Similarly, the request for Ativan, an anxiolytic medication, was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 15, page 402 does acknowledge that anxiolytics such as Ativan may be appropriate for brief periods, in cases of overwhelming symptoms, here, however, the attending provider and/or applicant were seemingly intent on employing Ativan for chronic, long-term, and/or scheduled-use purposes, for sedative effect. This is not an ACOEM-endorsed role for Ativan, an anxiolytic medication. Therefore, the request was not medically necessary.