MAXIMUS Federal Services

Case Number:	CM14-0142113		
Date Assigned:	09/10/2014	Date of Injury:	12/05/2011
Decision Date:	04/15/2015	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	09/02/2014

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. 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 52-year-old [redacted] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 5, 2011. In a Utilization Review Report dated August 5, 2014, the claims administrator failed to approve a request for Norco and Norflex. The claims administrator referenced a July 23, 2014 progress note in its determination. The claims administrator referenced a number of historical Utilization Review Reports recommending a denial of Norco in its rationale. The applicant's attorney subsequently appealed. On March 3, 2015, the applicant was given refills of Relafen, Norflex, omeprazole, LidoPro, Norco, and Cymbalta. Medial branch blocks were sought. In an applicant questionnaire of March 3, 2015, the applicant acknowledged that the current pain medications had no benefit; 9-10/10 neck, back, and leg pain were reported, despite ongoing medication consumption. In a January 28, 2015 progress note, the applicant was again asked to continue Cymbalta, Norco, Norflex, and Prilosec. The applicant had apparently had drug testing which was positive for marijuana. The applicant was using Norco at a rate of twice daily. The applicant's work status was not detailed, although the applicant did not appear to be working. 10/10 multifocal pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids; 7) When to Continue Opioids Page(s): 79; 80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are using illicit substances. Here, the applicant was apparently using marijuana, an illicit substance. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that the 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, the applicant continued to report 10/10 pain complaints, despite ongoing Norco usage. The applicant reported in a questionnaire that the pain medications being employed, including Norco, were not, in fact, effective. Discontinuing Norco appears to have been more appropriate than continuing the same, given the foregoing. Therefore, the request was not medically necessary.

Norflex ER 100mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Muscle relaxants (for pain) Page(s): 63.

Decision rationale: While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants are recommended as second-line options for short-term treatment of acute exacerbations of chronic low back pain here, however, the 60-tablet supply of Norflex at issue represents chronic, long-term, scheduled, and twice-daily usage, i.e. usage of which is incompatible with that suggested on page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. The applicant has apparently been using Norflex for what appears to have been a minimum of several months to several years. Therefore, the request was not medically necessary.