

Case Number:	CM14-0188501		
Date Assigned:	11/19/2014	Date of Injury:	09/08/2002
Decision Date:	01/08/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/12/2014

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 September 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; trigger point injection therapy; multiple lumbar radiofrequency ablation procedures; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve request for Norco and morphine. The claims administrator stated that its decision was based, in part, on an October 1, 2014 progress note. The applicant's attorney subsequently appealed. In a July 30, 2007 Medical-legal Evaluation, the applicant reported ongoing complaints of low back pain. The applicant remained off of work, it was acknowledged. The applicant as deemed a qualified injured worker. Permanent work restrictions were imposed. On October 1, 2014, the applicant reported ongoing complaints of low back pain status post earlier lumbar radiofrequency ablation procedures. Trigger point injections were performed in the clinic setting. The applicant was asked to continue MS Contin and Norco. It was stated that these medications were reportedly crucial toward helping the applicant achieve her pain management goals. Permanent work restrictions were renewed. The attending provider alluded to drug testing of October 1, 2014 which was apparently positive for opioids. On September 3, 2014, the applicant again reported ongoing complaints of low back pain status post recent lumbar radiofrequency ablation procedures. The applicant was on morphine for pain relief, it was acknowledged. Trigger point injections were performed in the clinic setting. Permanent work restrictions were renewed. There was very little in the way of discussion of medication efficacy, although the attending provider did comment that the applicant had good days and bad days and stated that the applicant continued to work on losing weight.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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. Here, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit, despite ongoing usage of Norco. While the attending provider stated that the applicant's medications were helpful, the attending provider failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

MS Contin 30mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment 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. Here, however, the applicant is seemingly off of work. Permanent work restrictions remain in place, unchanged, from visit to visit. The applicant was described on an earlier Medical-legal Evaluation of 2007 as not working as of that point in time. The requesting provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing MS Contin usage. Therefore, the request is not medically necessary.