

Case Number:	CM14-0195813		
Date Assigned:	12/03/2014	Date of Injury:	04/05/2003
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/21/2014

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 with derivative complaints of anxiety and depression reportedly associated with an industrial injury of April 5, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; epidural steroid injection therapy; opioid therapy; earlier lumbar fusion surgery; and extensive periods of time off of work. In a Utilization Review Report dated October 27, 2014, the claims administrator partially approved a request for Norco while denying a request for Opana. The claims administrator cited an October 30, 2014 progress note in its decision. The applicant's attorney subsequently appealed. On December 3, 2014, the applicant reported ongoing complaints of low back pain radiating to the right leg, 7/10. The applicant stated that she was having difficulty performing activities of daily living including standing, walking, sitting, and bending. The applicant posited that physical therapy and manipulative therapy provided only minimal or temporary relief. 7/10 pain was reported in several sections of the report. The applicant was given a primary diagnosis of failed back syndrome. Opana, Norco, and Cymbalta were renewed, as were permanent restrictions. The applicant's complete medication list included Norco, Neurontin, Motrin, Ambien, Opana, Cymbalta, Flexeril, Prilosec, Naprosyn, Zanaflex, oral Voltaren, topical capsaicin, Butrans patches, Celebrex, and Intermezzo; it was stated at the bottom of the report. In a December 2, 2014 Agreed Medical Evaluation, the applicant presented with ongoing complaints of low back pain. The applicant had received a spinal cord stimulator which has produced only temporary relief. The applicant was using Opana twice daily and Norco thrice daily, it was stated. The Agreed Medical Evaluator stated that he estimated that the applicant had been totally temporary disabled from January 2014 through May 30, 2014. By May 2014, the applicant had returned to her permanent and stationary status. The applicant was not working with permanent limitations in place, it was

noted. On November 10, 2014, the applicant again reported ongoing complaints of low back pain radiating to the right leg, 7/10, throbbing and burning, exacerbated by activities such as walking, standing, lifting, and bending. Opana, Norco, and Cymbalta were renewed. The applicant was again given a primary diagnosis of failed back syndrome. In an October 13, 2014 progress note, the attending provider noted that the applicant's pain was unchanged. Opana, Norco, and Neurontin were, once again, renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Purchase of Norco 10/325 mg # 90: 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 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 is on total temporary disability. The applicant continues to report pain complaints at the 7/10 level, unchanged, from visit to visit, despite ongoing Norco usage. The applicant was having difficulty performing activities of daily living as basic as sitting, standing, walking, and bending, the attending provider has posited on several occasions, including on September 17, 2014, November 10, 2014, and December 7, 2014. The applicant has not worked in over 10 years, the applicant's medical legal evaluator suggested. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.