

Case Number:	CM14-0200976		
Date Assigned:	12/11/2014	Date of Injury:	07/29/1996
Decision Date:	01/28/2015	UR Denial Date:	10/31/2014
Priority:	Standard	Application Received:	12/01/2014

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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 29, 1996. In a Utilization Review Report dated October 31, 2014, the claims administrator approved one request for Norco, denied a second request for Norco, and approved a request for Zoloft. The claims administrator suggested that the applicant be periodically monitored for efficacy and, thus, denied the second request for Norco. The applicant's attorney subsequently appealed. In a November 26, 2014 progress note, the applicant reported ongoing complaints of low back pain, 7/10 without medications versus 4/10 with medications. The applicant posited that his medications were working well. The applicant reported mild fatigue, arrhythmias, exertional dyspnea, hypertension, mood swings, depression, anxiety, and irritability on review of systems. The applicant's medications included Desyrel, Morphine, Zoloft, Norco, Aspirin, Tenormin, Sodium Bicarbonate, TriCor, Nifedipine, Lasix, Lansoprazole, Coreg, Testosterone, Protonix, and Bentyl. The applicant was using intrathecal pain pump. The applicant had issues with renal failure requiring dialysis thrice weekly. The applicant was status post multiple lumbar fusion procedures. The applicant's BMI was 25. The applicant was asked to continue use of the intrathecal pain pump. The intrathecal pain pump was apparently refilled on this particular office visit. The applicant was also to continue morphine, Norco, Zoloft, and Trazodone. The attending provider posited that the applicant's sitting and standing tolerance were ameliorated with medication consumption. The applicant was not working with permanent limitations in place, it was acknowledged. On October 28, 2014, the applicant again received another intrathecal pain pump refill. On October 16, 2014, the applicant reported 4/10 pain with medications versus 7/10 pain without medications. The applicant's BMI was 26. The attending provider posited that intrathecal morphine was essential for applicant function. Oral Norco and

morphine were also refilled. The attending provider posited that the applicant's ability to perform self-care, personal hygiene, cooking, and cleaning were ameliorated with medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #45: 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 off of work. The applicant is not working with permanent limitations, it was acknowledged. While the attending provider has reported some reduction in pain scores with ongoing Norco usage, these are, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid consumption. The attending provider's comments to the effect that the applicant was able to perform activities of self-care and personal hygiene with medications does not, in and of itself, constitute evidence of meaningful substantiated benefit achieved as a result of ongoing opioid usage, including ongoing Norco usage. Additionally, page 78 of the MTUS Chronic Pain Medical Treatment Guidelines notes that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider has not clearly outlined a role for usage of intrathecal Morphine, oral Morphine, and oral Norco. Therefore, the request for Norco is not medically necessary.