MAXIMUS Federal Services

Case Number:	CM14-0204927		
Date Assigned:	12/17/2014	Date of Injury:	05/06/2002
Decision Date:	02/11/2015	UR Denial Date:	11/15/2014
Priority:	Standard	Application Received:	12/08/2014

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 May 6, 2002.In a Utilization Review Report dated November 15, 2014, the claims administrator denied a request for Norco outright and partially approved a request for OxyContin, referencing an October 30, 2014 progress note. The applicant's attorney subsequently appealed. On said October 30, 2014 progress note, the applicant reported persistent complaints of low back pain, 9/10 on average, at best 4/10 with medications versus 10/10 without medications. The applicant was not working and was receiving both [redacted] benefits and [redacted] benefits. Multiple medications, including OxyContin and Norco, were renewed. The applicant was asked to use Zanaflex on a p.r.n. basis. On November 13, 2014, the applicant reported 9-10/10 low back pain. The applicant was having a severe flare of pain. The applicant was not working and was receiving [redacted] and [redacted] benefits, the attending provider acknowledged. The applicant was given injectable Dilaudid in the clinic. Her daughter drove her home while Norco was refilled. A neurosurgery consultation was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: 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. In this case, the applicant was/is off of work. The applicant is receiving both [redacted] benefits and [redacted] benefits, the attending provider has acknowledged. While an October 30, 2014 progress note, referenced above, suggested that the applicant was deriving appropriate analgesia with ongoing medication consumption, this is outweighed by subsequent progress note of November 13, 2014, in which the applicant reported severe, 9-10/10 pain, despite ongoing opioid therapy, the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy, and the applicant's failure to return to work. Therefore, the request was not medically necessary.

Oxycontin 80mg #90: 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, the applicant was/is off of work. While the attending provider did report that the applicant's pain complaints were appropriately reduced with ongoing opioid therapy on an October 30, 2014 progress note, referenced above, this was not corroborated by a later note of November 13, 2014, in which the applicant presented reporting heightened, severe 9-10/10 pain and is, furthermore, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful, material, and/or substantive improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.