MAXIMUS Federal Services

Case Number:	CM14-0205437		
Date Assigned:	12/17/2014	Date of Injury:	04/12/2012
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
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] beneficiary who has filed a claim for chronic mid back pain and low back pain reportedly associated with an industrial injury of April 12, 2012.In a Utilization Review Report dated November 11, 2014, the claims administrator denied Norco, approved six weekly pain management sessions, and approved an unknown acupuncture trial. The claims administrator stated that its determination was based on a progress note dated November 4, 2014. The claims administrator contended that ongoing usage of Norco had not proven beneficial here.The applicant's attorney subsequently appealed.On April 20, 2014, the applicant reported persistent complaints of mid back pain. The applicant was in the process of filing for unemployment compensation, it was acknowledged, implying that the applicant was not working. The applicant was using Flexeril and Norco as of this point in time. The applicant was depressed, crying, and tearful. 5-8/10 pain was noted. The applicant reported poor memory, poor concentration, poor energy, and poor sleep. The applicant's pain complaints were highly fluctuating. Cymbalta was endorsed. It was stated that the applicant's depression was significantly worsened. Work restrictions were also endorsed, although the attending provider suggested that the applicant was not working with said limitations in place.On December 18, 2014, the applicant reported severe depression and anxiety attacks. The applicant was using Cymbalta and Ativan. The applicant stated that his pain was making him miserable. The applicant expressed anger over his claims administrator for denying some of his medications. The applicant was using Flexeril and Cymbalta. The applicant exhibited a visibly antalgic gait. The applicant apparently had active suicidal thoughts. The applicant did not appear to be working with limitations in place.On December 18, 2014, the attending provider stated that he was going to go ahead and request Tylenol No. 3 on the grounds that the applicant's Norco had previously been prescribed. Persistent complaints of low back

pain were noted. The applicant stated that his pain complaints were worsened.In a December 12, 2014 progress note, the attending provider sought authorization for Cymbalta, noting that the applicant had reportedly formulated a plan to commit suicide by hanging.On November 4, 2014, the applicant was given prescriptions for Norco, Flexeril, and Cymbalta.On December 5, 2014, the attending provider sought authorization for a functional restoration program. Tylenol No. 3 was endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

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

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. The applicant's mood, energy levels, and pain complaints are consistently described as worsening from visit to visit, despite ongoing usage of Norco. The attending provider failed to outline any meaningful improvements in function and/or quantifiable decrements in pain achieved as a result of ongoing Norco usage. While it is acknowledged that many of the applicant's limitations and constraints stem from his seemingly poorly controlled depression, the attending provider has not, however, clearly outlined the presence of any significant functional benefits achieved as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.