

Case Number:	CM15-0006211		
Date Assigned:	01/20/2015	Date of Injury:	03/01/2004
Decision Date:	03/16/2015	UR Denial Date:	12/29/2014
Priority:	Standard	Application Received:	01/12/2015

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 March 1, 2004. In a Utilization Review Report dated December 29, 2014, the claims administrator approved a request for Norco, denied a request for Relafen, denied a second request for Norco, and denied a third request for Norco. It appeared that the attending provider was prescribing Norco, a Schedule II drug, in a staggered fashion. The claims administrator noted that the applicant had undergone earlier knee surgery. The claims administrator noted that the applicant was reporting knee, low back, and multifocal pain complaints reportedly attributed to cumulative trauma at work. The applicant's attorney subsequently appealed. In a December 2, 2014 progress note, the applicant reported ongoing complaints of low back and bilateral knee pain. The applicant was using Norco twice daily and Relafen once daily. The attending provider contended that the applicant's medications were allowing him to perform activities of self-care and personal hygiene. Relafen and multiple prescriptions for Norco were endorsed, along with six sessions of chiropractic manipulative therapy. The applicant had had 18 sessions of manipulative therapy, it was stated. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 60 (Do not dispense until 12/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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 does not appear to be working with permanent limitations in place. The December 2, 2014 progress note seemingly suggested that the applicant was having difficulty performing activities of daily living such as bending. On that date, the attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing medication usage. The attending provider's commentary to the fact that the applicant's ability to perform activities of personal hygiene does not, in and of itself, constitute evidence of meaningful or material improvement effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Relafen 750mg quantity 30 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): (s) 67, 73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Antiinflammatory Medications topic; Functional Restoration Approach to Chronic Pain Management s.

Decision rationale: Similarly, the request for Relafen, an antiinflammatory medication, was likewise not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that antiinflammatory medications such Relafen do represent the traditional first line of treatment for various chronic pain conditions, including the chronic low back and knee pain reportedly present here, this recommendation is, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medication efficacy into his choice of recommendations. Here, however, the applicant was/is seemingly off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit. Ongoing usage of Relafen has failed to curtail the applicant's dependence on opioid agents such as Norco. The attending provider's commentary to the effect that the applicant's ability to perform activities of personal hygiene as a result of ongoing medication consumption does not, in and of itself, constitute evidence of meaningful, material, or substantive improvement effected as a result of ongoing Relafen usage. All of the foregoing,

taken together, suggests a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of Relafen. Therefore, the request was not medically necessary.

Norco 10/325mg quantity 60 (Do not dispense until 01/20/15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: Similarly, the request for Norco 10/325 quantity 60 (do not dispense until January 20, 2015) was likewise not medically necessary, medically appropriate, or indicated here. 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 off of work, it was suggested, despite ongoing opioid therapy. Permanent work restrictions remained in place, seemingly unchanged, from visit to visit. On December 2, 2014, the attending provider stated that the applicant was having difficulty performing activities of daily living as basic as standing. The attending provider's December 2, 2014 progress note failed to outline any quantifiable decrements in pain and/or material improvements in function effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant was able to perform activities of personal hygiene as a result of ongoing Norco consumption does not, in and itself, constitute evidence of material or substantive improvement effected as a result of the same. Therefore, the request was not medically necessary.

Norco 10/325mg quantity 60 (Do not dispense until 02/20/14): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

Decision rationale: Finally, the request for Norco 10/325 quantity 60--do not dispense until February 20, 2015--was likewise not medically necessary, medically appropriate, or indicated here. 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 attending provider failed to outline any quantifiable decrements in pain on the December 2, 2014 progress note on which Norco was renewed. The applicant had seemingly failed to return to work following imposition of permanent work restrictions, it was suggested. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene have been improved as a result of ongoing opioid usage does not, in and of itself, constitute evidence of meaningful and material improvement effected as a result of the same. Therefore, the request was not medically necessary.

