MAXIMUS Federal Services

Case Number:	CM15-0137838		
Date Assigned:	07/27/2015	Date of Injury:	03/14/1996
Decision Date:	08/27/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/16/2015

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, New York, 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 55-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 14, 1996. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve requests for Norco and morphine sulfate immediate release. The claims administrator referenced a June 23, 2015 RFA form and an associated progress note of June 8, 2015 in its determination. The applicant's attorney subsequently appealed. On said June 23, 2015 RFA form, both Norco and immediate release morphine were endorsed. In an associated progress note of June 8, 2015, the applicant reported ongoing complaints of low back pain. The applicant apparently had a residual foot-drop status post earlier lumbar spine surgery, it was reported. The applicant was on morphine, Norco, and Ambien, it was reported. The attending provider stated that the applicant would be sedentary and/or in misery without his medications. The applicant's work status was not explicitly stated, as the applicant did not appear to be working. The attending provider stated that the applicant's medications were beneficial but did not elaborate further.

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 #180: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids 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, while the attending provider did state that the applicant's medications were beneficial, the attending provider's June 8, 2015 progress note did not outline what activities of daily living had continued to remain ameliorated as a result of ongoing medication consumption. The applicant's work status was not outlined on that date, suggesting that the applicant was not, in fact, working. The attending provider's failure to enumerate the applicant's work status and failure to identify specific functionality which had been ameliorated as a result of ongoing medication consumption, thus, outweighed any subjective reports of analgesia achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

1 Prescription of Morphine Sulfate IR 30mg #360: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: Similarly, the request for morphine sulfate immediate release, a short-acting opioid, was likewise was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, the concurrent requests for two short-acting opioids, Norco and immediate release morphine, thus, ran counter to MTUS principles and parameters. Therefore, the request was not medically necessary.