

Case Number:	CM15-0138441		
Date Assigned:	07/28/2015	Date of Injury:	08/17/1998
Decision Date:	08/27/2015	UR Denial Date:	06/17/2015
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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 17, 1998. In a utilization review report dated June 17, 2015, the claims administrator failed to approve requests for Norco and methadone. The claims administrator referenced an RFA form and associated progress note of June 1, 2015 in its determination. The applicant's attorney subsequently appealed. On June 5, 2015, the applicant was placed off of work. It was suggested that the applicant was "disabled." Worsening complaints of low back pain radiating into the bilateral lower extremities was reported, right greater than left. The applicant had difficulty lifting, walking, and standing, it was acknowledged. The applicant reported an unsteady gait. Prilosec, Rozerem, Celebrex, Valium, Norco, and Zohydro were endorsed. On June 1, 2015, the applicant was, once again, asked to remain off of work. The applicant had been deemed "disabled," it was reported. The applicant reported heightened complaints of low back pain with associated muscle spasms; it was reported on that date. The applicant's pain complaints were exacerbated with walking, standing, and weight bearing activities, it was reported. Norco, Celebrex, Valium, and methadone were endorsed while the applicant was seemingly kept off of work. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

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, however, the applicant was off of work, it was reported on June 1, 2015. The applicant had been deemed "disabled," it was reported on that date. The applicant reported difficulty performing activities of daily living as basic as walking, standing, and weight bearing, it was further noted. The applicant's pain complaints were seemingly heightened (as opposed to reduced) on the June 1, 2015 progress note at issue. All of the foregoing, taken together, strongly suggested that the applicant was not, in fact, profiting from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Methadone 10mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for methadone, a long-acting opioid, 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 applicant was off of work and had been deemed disabled, it was reported on June 1, 2015. The applicant's pain complaints were described as heightened by activities as basic as standing and walking, it was noted on that date. The applicant's pain complaints were heightened from preceding visits, the treating provider reported. All of the foregoing, taken together, strongly suggested that the applicant was not, in fact, profiting as a result of ongoing methadone usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.