

Case Number:	CM15-0139313		
Date Assigned:	07/29/2015	Date of Injury:	01/08/1999
Decision Date:	09/02/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/17/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 8, 1999. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve requests for Norco, Amrix, and OxyContin. The claims administrator did approve follow up visit. Partial approval to Norco and OxyContin were issued. The full text of the UR report was not seemingly attached to the IMR application, it was incidentally noted. On May 21, 2015, the applicant reported ongoing complaints of low back radiating into the left leg, 7/10. The applicant's quality of sleep was poor, acknowledged to having only been averaging about three to four hours of sleep per day, it was reported. The applicant was continuing to work, the treating provider reported in one section of the note. The applicant's social activity level was unchanged. The attending provider stated that the applicant's medications were working well, without side effects. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant was using OxyContin three times a day and Norco for breakthrough pain, it was reported. The applicant's complete medication list included Norco, OxyContin, estrogen, Maxalt, meclizine, naproxen, and Xanax, it was reported. The applicant was ambulating normally, without the aid of any assistive device, the treating provider reported. Multiple medications were renewed, including Amrix, Norco, and OxyContin. The applicant was asked to continue performance of independent home exercises. On April 24, 2015, the applicant reported 5/10 pain with medications versus 7-8/10 without medications. The applicant stated that her medications were working well and were ameliorating her ability to perform activities of daily living. On this date, it was state that the

applicant was not working and had retired at age 49. The attending provider again maintained that the applicant's medications were beneficial. The applicant had undergone earlier lumbar spine surgery, it was reported. On March 11, 2015, the attending provider again reported that the applicant had retired at age 48. Once again, the attending provider stated that the applicant's pain complaints were reduced from 8/10 without medications to 5/10 with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retro Amrix ER 15mg DOS: 5/21/15 #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine (Flexeril) Page(s): 41.

Decision rationale: No, the request for Amrix (cyclobenzaprine) was not medically necessary, medically appropriate, or indicated here. As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of Cyclobenzaprine (Amrix) to other agents is not recommended. Here, the applicant was, in fact, using a variety of other agents, including the Norco and OxyContin also at issue. Adding Cyclobenzaprine or Amrix to the mix was not recommended. It is further noted that the 60-tablet supply of Amrix (Cyclobenzaprine) at issue represents treatment in excess of the short course of therapy for which Cyclobenzaprine is recommended, per page 41 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Similarly, 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 bulk of the progress notes, referenced above, suggested that the applicant was not, in fact, working, at age 48, despite ongoing Norco usage. While a progress note dated May 21, 2015 suggested that the applicant was continuing to work, this was outweighed by commentary made on previous progress notes of April 21, 2015 and March 11, 2015 to the effect that the applicant was no longer working and had retired at age 48. While the attending provider did recount a reduction in pain scores from 7-8/10 without medications to 5/10 with medications, these reports were, however, outweighed by the

applicant's seeming failure to return to work and/or the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing opioid usage. While the attending provider stated that the applicant's medications were beneficial, the attending provider did not specifically state what functionalities were specifically ameliorated as a result of ongoing medication consumption. The attending provider did not state how frequently the applicant was performing her home exercise program, for instance. The May 21, 2015 progress note stated that the applicant's social activity, quality of life, and performance of activities of daily living were unchanged. The attending provider's incongruous reporting of applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to identify meaningful and/or substantive functionalities ameliorated as a result of ongoing Norco consumption did not, in short, make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: Finally, the request for OxyContin, a long-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 consensus opinion of multiple progress notes, referenced above, was that the applicant was not working. While a May 21, 2015 progress note did state that the applicant was working, this isolated report was seemingly contravened and/or outweighed by multiple prior progress notes, including those of April 21, 2015 and March 11, 2015 to the effect that the applicant was no longer working and had retired at age 48. While the attending provider did recount a reduction in pain scores from 7-8/10 without medications to 5/10 with pain medications, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function effected as a result of ongoing opioid usage. The attending provider stated on May 21, 2015 that the applicant had no change in activities of daily living, unchanged social activity, and unchanged quality of life. While the attending provider suggested the applicant was performing home exercises, the frequency with which the applicant was performing home exercise was not stated. Thus, in this case, the applicant's subjective reports of analgesia effected as a result of opioid usage were outweighed by the applicant's seeming failure to return to work and the attending provider's at-times incongruous reporting of the applicant's work status, and the attending provider's failure to identify meaningful and/or material improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.