

Case Number:	CM15-0140347		
Date Assigned:	07/30/2015	Date of Injury:	05/22/1997
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/20/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 22, 1997. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve requests for Norco and Oxycontin. The claims administrator referenced a July 6, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On July 6, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed fusion surgery. The applicant was on Norco, Soma, and Oxycontin, it was reported. 7.5/10 pain complaints were reported. The attending provider acknowledged that the applicant was still having issues with performing activities of daily living such as walking, standing, lifting, and twisting. The attending provider stated that the applicant was 90% improved as a result of ongoing medication consumption in one section of the note. In another section of the note, the attending provider stated that Norco was generating 20% pain relief. In another section of the note, the attending provider stated that the applicant was deriving 80% analgesia from medication consumption. The attending provider stated that the applicant would be bedridden and/or confined to a recliner without her medications. The attending provider stated that the applicant would be relegated to usage of a walker without her medications. Norco, Oxycontin, and permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On May 4, 2015, Norco, Oxycontin, and permanent work restrictions were again renewed. Once again, it was not clearly stated whether the applicant was or was not working with said

limitations in place, although this did not appear to be the case. The attending provider again stated that the applicant would be recliner-bound without her medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 91-92, 124.

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 because of the same. Here, however, the applicant's work status was not clearly outlined on multiple progress notes, referenced above, including on July 6, 2015. It did not appear, however, that the applicant was working following imposition of permanent work restrictions. The attending provider's commentary that the applicant would be recliner-bound without her medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected because of ongoing medication consumption. While the attending provider stated that the applicant's medications were beneficial from anywhere to 20% to 80%, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly outline the applicant's work status, and the attending provider's commentary to the effect that the applicant was still having difficulty performing activities as basic as bending, twisting, standing, lifting, and walking, despite ongoing medication consumption. Therefore, the request was not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80,91-92, 124.

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

Decision rationale: Similarly, the request for Oxycontin, 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 because of the same. Here, however, the applicant's work status was not outlined on multiple office visits, referenced above. It did not appear, however, that the applicant was working following imposition of permanent work restrictions. The attending provider's

commentary that the applicant would be recliner-bound and/or relegated to usage of a walker without her medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function generated as a result of ongoing Oxycontin usage. While the attending provider did state that the applicant's pain medications were beneficial to varying degree, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to recount meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing opioid usage, and the attending provider's commentary to the effect that the applicant was still having difficulty performing activities as basic as bending, lifting, twisting, standing, and walking, despite ongoing medication consumption. Therefore, the request was not medically necessary.