

Case Number:	CM15-0146166		
Date Assigned:	08/07/2015	Date of Injury:	01/31/2007
Decision Date:	09/29/2015	UR Denial Date:	07/21/2015
Priority:	Standard	Application Received:	07/28/2015

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 reportedly associated with an industrial injury of January 31, 2007. In a Utilization Review report dated July 21, 2015, the claims administrator partially approved a request for Norco, approved a urine drug screen, approved Celebrex, approved one follow-up office visit, and failed to approve a request for a re-evaluation every 90 days. The claims administrator referenced a June 26, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On November 11, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Celebrex and Norco were renewed, seemingly without any discussion of medication efficacy. The applicant was also using Soma and Topamax, it was stated in another section of the note. In a separate narrative report dated November 11, 2014, it was stated that the applicant did not have a great level of function. The applicant was described as severely obese, with a BMI of 47. The applicant was using seven to eight tablets of Norco daily. The attending provider contended that the applicant's medications were not necessarily accepted, given his severe obesity. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. The attending provider acknowledged that the applicant's ability to perform activities of daily living had been significantly constrained, despite ongoing medication consumption. On May 29, 2015, the applicant reported ongoing complaints of low back pain, fatigue, low energy levels, and erectile dysfunction. Celebrex and Norco were renewed. The applicant's work status was "unchanged," the treating provider reported, suggesting that the applicant was not, in fact, working. The treating provider then

contended, somewhat incongruously, in another section of the note, that the applicant's medications were reducing his pain scores by 30% but did not elaborate further. On March 19, 2015, it was acknowledged that the applicant had undergone earlier failed lumbar spine surgery. It was acknowledged, however, that the applicant was not working, had last worked in January 2007, and was presently receiving Social Security Disability Insurance (SSDI) benefit in addition to Workers Compensation indemnity benefits. In an RFA form dated June 8, 2015, Celebrex, Norco, and a re-evaluation every 90 days were proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #220: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen, When to Discontinue Opioids, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter, Opioids for chronic pain.

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 acknowledged on March 19, 2015. The applicant had not worked since 2007; it was reported on that date. Said March 19, 2015 office visit also stated that the applicant's ability to perform activities of daily living was greatly impacted as a result of his chronic pain complaints. It was suggested that the applicant was having difficulty performing activities of daily living as basic as standing, walking, kneeling, bending, and lifting owing to his ongoing pain complaints. While a May 29, 2015 progress note did state that the applicant's pain scores were reduced by 30% as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The applicant was described as using a cane to move about on May 29, 2015 and was described as substantially immobile on November 11, 2014. All of the foregoing, taken together, strongly suggested that the applicant had not, in fact, met criteria 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.

Re-evaluation every 90 days: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 80. Decision based on Non-MTUS Citation ACOEM Chapter 7 Independent Medical Examinations and Consultations page 127.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 79.

Decision rationale: Similarly, the request for a re-evaluation every 90 days was likewise not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 5, page 79 does acknowledge that frequency follow-up visits are "often warranted" in order to provide structure and reassurance even in those applicants whose conditions are not expected to change appreciably from week to week or visit to visit, here, however, the request, as written, was open-ended, somewhat ambiguous and, by implication, difficult to approve as written. It was not clearly stated precisely how many office visits were being proposed. It was not stated whether the attending provider was seeking quarterly office visits for another year or a formal re-evaluation every 90 days for the duration of the claim. Therefore, the request was not medically necessary.