MAXIMUS Federal Services

Case Number:	CM15-0186022		
Date Assigned:	09/28/2015	Date of Injury:	01/13/2010
Decision Date:	11/10/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/21/2015

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 [redacted] employee who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 13, 2010. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve requests for Norco and oxycodone. The claims administrator referenced an RFA form received on September 2, 2015 and associated progress notes of August 31, 2015 and August 14, 2015 in its determination. On September 15, 2015, the applicant reported ongoing complaints of low back pain radiating into the right lower extremity. The applicant had undergone earlier failed lumbar spine surgery. The treating provider acknowledged that the applicant did not do a lot of activity and was bedridden most of the day. The applicant's medications included Duragesic, Norco, oxycodone, Plavix, Lipitor, Xanax, Altace, Cymbalta, Flexeril, Zetia, Wellbutrin, Celebrex, and Lidoderm patches. The applicant had undergone earlier failed lumbar and cervical spine surgeries. The applicant was overweight, with a BMI of 34. The applicant exhibited a slow and cautious gait with a visible limp. Epidural steroid injection therapy was sought. Little seeming discussion of medication efficacy transpired. The applicant's pain complaints were described as "debilitating". On August 31, 2015, the treating provider reported that the applicant was "permanently disabled". The applicant had undergone a failed spinal cord stimulator implant as well as a failed intrathecal pain pump trial, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 and was "permanently disabled", it was reported on August 31, 2015. The treating provider reported on both August 31, 2015 and September 15, 2015 that the applicant was bedridden for much of the day. "Debilitating" pain complaints were reported on September 15, 2015. It did not appear, in short, the applicant had profited from ongoing Norco usage in terms of the parameters established on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.

Oxycodone 5mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Similarly, the request for oxycodone, a second short-acting opioid, was likewise 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, thus, the attending provider's decision to furnish the applicant with concurrent prescriptions for 2 separate short-acting opioids, immediate-release oxycodone and Norco, thus, was at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. The attending provider failed to furnish a clear or compelling rationale for concurrent usage of immediate-release oxycodone and Norco. As with the preceding request, the applicant likewise failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy, which include evidence of successful return to work, improved functioning, and/or reduced pain derived as a result of ongoing opioid usage. The attending provider stated on both August 31, 2015 and September 15, 2015 that the applicant was bedridden for much of the day. "Debilitating" pain complaints were reported on September 15, 2015. The applicant was "permanently disabled", the treating provider reported on August 31, 2015. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing oxycodone 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.