

Case Number:	CM15-0196259		
Date Assigned:	10/09/2015	Date of Injury:	06/18/2003
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 18, 2003. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve requests for Norco and OxyContin. The claims administrator referenced a September 8, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 8, 2015 office visit, the applicant reported highly variable pain complaints, 10/10 pain without medications versus 6/10 with pain medications. An average pain score of 8/10 overall was reported. The applicant reported that sitting, standing, and walking all remained problematic and that he used crutches to move about owing to ongoing pain complaints. The applicant's medications included OxyContin, Norco, doxazosin, Zantac, potassium, and amiloride, it was reported. The applicant was not working and receiving disability benefits, it was reported in the Social History section of the note. The applicant was severely obese, it was acknowledged. OxyContin and Norco were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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 receiving disability benefits in addition to Workers Compensation indemnity benefits, the treating provider reported on September 8, 2015. Activities of daily living as basic as standing and walking remained problematic, the treating provider reported on that date. While the treating provider did recount a reported reduction in pain scores from 10/10 without medications to 6/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work, the applicant's continued difficulty performing activities of daily living as basic as standing, sitting, and walking, the applicant's usage of crutches to move about on a day-to-day basis, and the treating provider's failure to outline meaningful, material, or substantive improvements in function (if any) effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

Oxycontin 40mg #90: Upheld

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

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

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 as a result of the same. Here, however, the applicant was off of work and receiving both disability and indemnity benefits, the treating provider reported on September 8, 2015. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was apparently using crutches to move about on a day-to-day basis, it was stated on that date. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit with ongoing opioid 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.