MAXIMUS Federal Services

Case Number:	CM15-0199411		
Date Assigned:	10/15/2015	Date of Injury:	06/22/2008
Decision Date:	12/18/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 22, 2008.In a Utilization Review report dated September 10, 2015, the claims administrator failed to approve requests for Norco and Opana. The claims administrator referenced an August 31, 2015 office visit and an associated September 1, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On September 17, 2015, the applicant reported moderate-to-severe low back pain radiating to the left leg. The applicant's pain complaints were described as, at times, "quite severe and debilitating," the treating provider reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The applicant was receiving acupuncture, the treating provider reported. The applicant's work status was not clearly detailed. On August 24, 2015, the treating provider sought authorization for additional physical therapy beyond the 39 treatments that the applicant had already received. On August 7, 2015, the applicant again reported ongoing complaints of low back pain radiating to the leg, at times quite severe. Bending and lifting remained problematic, it was reported. The applicant's pain complaints were described as worsening. No seeming discussion of medication efficacy transpired at this point. On May 21, 2015, once again, it was acknowledged that the applicant was not currently working. The applicant was using Gralise, Opana, Norco, tizanidine, Amitiza, VESIcare, Cialis, Prilosec, and Zocor, it was reported. The applicant's pain complaints ranged from 7 to 9/10, the treating provider reported. The applicant's pain complaints were described as

"intractable," it was stated toward the top of the note. Little-to-no seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Opana ER 7.5mg 1 tablet twice a day #60: 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 Opana extended release, 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 applicant was off work, it was reported on May 21, 2015. The applicant's pain complaints were described as intractable on that date. Standing and walking were problematic, the treating provider reported on that date. On September 17, 2015, the applicant's pain complaints were again described as debilitating. On August 7, 2015, it was stated that bending and lifting remained problematic. All of the foregoing, taken together, strongly suggested that the applicant had in fact, failed to profit from ongoing Opana usage in terms of 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.

Norco 10/325mg 1 tablet every 6hrs #120: 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 Norco, a short-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 not working, it was reported on May 21, 2015. Standing and walking remained problematic, it was reported on that date. The applicant's back pain was described as intractable, the treating provider reported. On September 17, 2015, the applicant was described as having at times severe and debilitating pain complaints. On August 7, 2015, the treating provider acknowledged that activities as basic as bending and lifting remained problematic. All of the foregoing, taken together, suggested that

the applicant had, in fact, failed to profit from ongoing Norco usage in terms of 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.