

Case Number:	CM15-0206126		
Date Assigned:	10/22/2015	Date of Injury:	01/10/2006
Decision Date:	12/10/2015	UR Denial Date:	10/14/2015
Priority:	Standard	Application Received:	10/20/2015

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 61-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 10, 2006. In a utilization review report dated October 14, 2015, the claims administrator failed to approve a request for Norco and Opana. The claims administrator referenced an October 7, 2015, office visit in its determination. The applicant's attorney subsequently appealed. On October 7, 2015, the applicant reported ongoing complaints of wrist, arm, neck, and low back pain, reportedly worsening. The applicant's worst pain scores were 10/10 versus 9/10 at best. The attending provider acknowledged the applicant had deteriorated somewhat since the preceding visit. The applicant was using a cane and/or wheelchair to move about, was not leaving the home on a daily basis, was crying, angry, frustrated, and depressed, and was resting or reclined 75 to 100% of the workday. Opana, urine drug testing, cervical medial branch blocks, and trigger point injections were seemingly sought. In one section of the note, it was stated that Opana represented a first-time request, while other sections of the note stated the applicant was using Opana, Norco, Lidoderm, Valium, Xanax, Voltaren, MiraLAX, and senna already. On September 9, 2015, the attending provider noted the applicant was using a cane and/or wheelchair, and was resting and/or reclining 75 to 100% of the day. The applicant's work status was not explicitly detailed, although it did not appear the applicant was working. The attending provider stated the applicant had tried MS Contin, methadone, and Duragesic in the past, but the same were not effective. The attending provider also noted that OxyContin was not providing appropriate analgesia. OxyContin, Norco, and senna were seemingly endorsed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty: 240: Upheld

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

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. The request for Norco represented a renewal or extension request for the same. However, page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that 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's work status was not reported on October 7, 2015, although it did not appear the applicant was working as she was resting and/or reclining 75% to 100% of the workday, the treating provider reported. It did not appear the applicant was working as the treating provider stated the applicant was not out of the house on a daily basis on the October 7, 2015 office visit at issue. 9-10/10 pain complaints were reported on that date, despite ongoing Norco usage. The attending provider acknowledged the applicant's pain complaints were worsening. The applicant was still using a cane to move about, the treating provider reported on that date. All of the foregoing, taken together, suggested the applicant had, in fact, failed to profit with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of Norco therapy. Therefore, the request was not medically necessary.

Opana ER 20mg qty: 60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioid hyperalgesia.

Decision rationale: Conversely, the request for Opana ER, a long-acting opioid, was medically necessary, medically appropriate, and indicated here. Page 75 of the MTUS Chronic Pain Medical Treatment Guidelines notes that long-acting opioids such as Opana Extended Release can be employed to "provide round-the-clock analgesia." Here, the attending provider contended on the October 7, 2015 office visit, the applicant's pain complaints were worsening and had failed to respond favorably to a variety of other long-acting opioids, including MS Contin, OxyContin, and methadone. Page 96 of the MTUS Chronic Pain Medical Treatment Guidelines notes that opioid rotation is an option to combat issues with opioid hyperalgesia, as was seemingly present here. Moving forward with a trial of Opana was, thus, indicated in the clinical context present here. Therefore, the first-time request for Opana Extended Release was medically necessary.