

Case Number:	CM15-0046206		
Date Assigned:	03/18/2015	Date of Injury:	05/05/2006
Decision Date:	04/23/2015	UR Denial Date:	02/17/2015
Priority:	Standard	Application Received:	03/11/2015

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 32-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 5, 2006. In a Utilization Review Report dated February 17, 2015, the claims administrator failed to approve a request for Norco and Morphine prescribed on February 4, 2015 while apparently approving a request for Lyrica also prescribed on that date. The applicant's attorney subsequently appealed. In an RFA form dated December 16, 2014, the applicant was given refills of MS Contin, Norco, and Lyrica. In an associated progress note December 16, 2014, the applicant reported ongoing complaints of low back pain radiating to leg, 7/10, exacerbated by walking, sitting, standing, and lying down. The applicant was using six tablets of Norco daily. The applicant's work status was not furnished. On October 14, 2014, the applicant reported 8/10 low back and knee pain. The applicant was using six tablets of Norco daily. The applicant's work status was not detailed, although the applicant did not appear to be working. In a handwritten note date, January 26, 2015, the applicant was given refills of Metformin and Protonix. The applicant did exhibit a visibly antalgic gait. The applicant's work status was not detailed. A discussion of pain medication efficacy did not transpire 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 #180: Upheld

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

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's work status was not clearly detailed on multiple office visits, referenced above, suggesting that the applicant was not, in fact, working. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing opioid usage. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, walking, and lying down, again despite ongoing Norco usage. Not all of the foregoing, taken together, made a compelling case for continuation of the same, and therefore the requested treatment is not medically necessary

MS Contin 60mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for MS Contin, 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 a result of the same. Here, however, the applicant's work status was not clearly outlined on multiple office visits, referenced above, suggesting that the applicant was not, in fact, and working. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing opioid consumption. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing morphine usage (if any). Therefore, the request was not medically necessary.