

Case Number:	CM15-0051945		
Date Assigned:	03/25/2015	Date of Injury:	07/11/1998
Decision Date:	05/01/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/19/2015

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 55-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 11, 1998. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve requests for Norco and methadone. Progress notes of January 8, 2015 and November 26, 2014 were referenced in the determination. The applicant's attorney subsequently appealed. In an RFA form dated February 9, 2015, drug testing, methadone, Norco, and updated lumbar MRI and a spine surgery evaluation were proposed. In an associated progress note dated February 9, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed spine surgery. The applicant had developed hypogonadism secondary to reportedly associated ongoing opioid usage, the treating provider contended. The applicant was on Norco and methadone, both of which were continued. The applicant had undergone both failed spine surgery and a failed intrathecal pain pump implantation. The applicant's work status was apparently unchanged. The applicant was using a variety of psychotropic medications administered by another provide, including Klonopin, Lamictal, Seroquel, Cymbalta, and Restoril, it was acknowledged. The applicant exhibited a visibly antalgic gait. It did not appear, thus, that the applicant was working with previously imposed permanent limitations. On January 8, 2015, the attending provider again stated that the applicant's work status was unchanged, suggesting that the applicant was not, in fact, working following imposition of permanent work restrictions. Norco and methadone were refilled. In another section of the note, the attending provider stated that the applicant had significant issues with chronic pain and disability. It was suggested that the applicant's disability

was a function of both his mental health and chronic pain issues. The applicant stated that his medications were beneficial in terms of reducing his pain scores.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

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

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 was off of work, it was acknowledged in January 2015. The applicant had permanent work restrictions which were seemingly renewed, unchanged, from visit to visit, despite ongoing Norco usage. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.

Methodone 10 mg #180: Upheld

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

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

Decision rationale: Similarly, the request for methadone, 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 seemingly off of work as of the date of the request. The applicant was receiving both Workers Compensation indemnity and disability insurance benefits, it was suggested in January 2015. While the attending provider recounted some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.