

Case Number:	CM15-0054474		
Date Assigned:	03/27/2015	Date of Injury:	12/30/2002
Decision Date:	05/01/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	03/23/2015

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] who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 30, 2002. In a Utilization Review report dated March 12, 2015, the claims administrator partially approved requests for Norco and Duragesic, apparently for weaning purposes. A March 5, 2015 progress note was referenced in the determination. The claims administrator apparently contended that ongoing opioid therapy had not proven beneficial here. The applicant's attorney subsequently appealed. In a January 7, 2015 progress note, the applicant reported ongoing complaints of low back pain. The attending provider maintained that the applicant's pain scores were reduced about 50% with ongoing medication consumption. The attending provider posited that the applicant's ability to attend church activities and do laundry was ameliorated as a result of ongoing medication consumption. 7/10 pain complaints were reported in the office setting. The applicant was apparently using a walker to move about. The applicant was given a primary operating diagnosis of failed back surgery syndrome. Norco and Duragesic were refilled. The attending provider acknowledged that the applicant's ability to perform activities of daily living such as cooking and laundry remained minimal, despite ongoing medication consumption. On February 11, 2015, the applicant reported persistent complaints of low back pain. It was again reiterated that the applicant was able to do minimum amount of cooking, laundry, and/or socializing. The attending provider stated that the applicant's pain scores were reduced by 50% as a result of ongoing medication consumption. The applicant was apparently using a walker to move about, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90 with 2 refills: Upheld

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

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 no longer working, it was acknowledged, although this appeared to be a function of age (85) as much as a function of the industrial injury. While the attending provider did outline some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the attending provider's failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid usage. The fact that the applicant was semi-ambulatory and was still using a walker to move about, did not make a compelling case for continuation of opioid therapy. The applicant's commentary to the effect that her ability to perform laundry and cook as a result of ongoing medication consumption did not, moreover, constitute evidence of a meaningful or material improvement in function effected as a result of the same. Therefore, the request was not medically necessary.

Duragesic 50mcg #10 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Fentanyl; Opioid Analgesic.

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

Decision rationale: Similarly, the request for Duragesic, 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, it was acknowledged, although this appeared to as much a function of age (85) as opposed to a function of the industrial injury alone. While the attending provider did outline some reported reduction in pain scores effected as a result of ongoing medication consumption, these were, however, outweighed by the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same. The applicant's commentary to the

effect that the applicant was able to perform laundry and cook had reportedly been ameliorated as a result of medication consumption did not constitute evidence of a meaningful or material improvement in function effected as a result of ongoing opioid usage and was, moreover, outweighed by the applicant's failure to return to work and continued difficulty performing activities of daily living as basic as standing and walking. Therefore, the request was not medically necessary.