

Case Number:	CM15-0057290		
Date Assigned:	04/02/2015	Date of Injury:	09/06/2005
Decision Date:	05/05/2015	UR Denial Date:	03/11/2015
Priority:	Standard	Application Received:	03/25/2015

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 62-year-old who has filed a claim for chronic neck pain, low back pain, myofascial pain syndrome, and fibromyalgia reportedly associated with an industrial injury of September 6, 2005. In a March 11, 2015 progress note, the claims administrator failed to approve requests for Norco and Opana. The claims administrator referenced a February 23, 2015 prescription form in its determination. The applicant's attorney subsequently appealed. On March 4, 2015, Norco, Opana, and Lodine were apparently renewed. In an associated progress note dated February 23, 2015, the applicant reported 6/10 neck pain and diffuse bodily pain, with medications. Lodine, Norco and Opana were renewed. The applicant was receiving "permanent disability" benefits, the treating provider acknowledged. The attending provider stated that the applicant was stable, but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 tablet every 4 hours, not to exceed 6 per day, Qty 180, prescribed 02/23/15: 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 treatment as a result of the same. Here, however, the applicant was off of work, receiving permanent disability benefits, it was acknowledged on February 23, 2015, in addition to Worker's Compensation indemnity benefits. A 6/10 pain was evident on that date. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Opana ER 40mg, 1 tablet every 12 hours, Qty 60, Prescribed 02/23/15: 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 Opana extended release, 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 on February 23, 2015. The applicant was receiving both Worker's Compensation indemnity benefits and disability insurance benefits; it was noted on that date. A 6/10 pain was reported. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing Opana extended release usage. Therefore, the request was not medically necessary.