

Case Number:	CM14-0146324		
Date Assigned:	09/12/2014	Date of Injury:	04/13/2005
Decision Date:	10/16/2014	UR Denial Date:	08/25/2014
Priority:	Standard	Application Received:	09/09/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of April 13, 2005. The applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; muscle relaxants; unspecified amounts of physical therapy; earlier lumbar spine surgery; and unspecified amounts of aquatic therapy over the course of the claim. In a Utilization Review Report dated August 25, 2014, the claims administrator partially certified a request for Opana, partially certified a request for Norco, and denied a request for Fexmid. The applicant's attorney subsequently appealed. In an August 19, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was not working, it was noted. The applicant was having difficulty performing various activities of daily living on the grounds that performing said activities aggravated his low back pain. The applicant did have comorbid hypertension. The applicant's medication list included Flexeril, Norco, Opana, Neurontin, Benicar, and Cozaar, it was acknowledged. Multiple medications were renewed. Laboratory testing was performed. There was no explicit discussion of medication efficacy on this occasion. In a handwritten note dated August 7, 2014, the applicant again reported persistent complaints of low back pain. The note was very difficult to follow and not entirely legible. Repeat drug testing was endorsed. The applicant was not working with permanent limitations in place, it was noted. The note comprised largely of preprinted checkboxes and contained little in the way of narrative commentary. The attending provider stated that ongoing medication consumption was diminishing the applicant's pain complaints from 8/10 without medications to 4/10 with medications, albeit through usage of preprinted checkboxes. The attending provider stated that the applicant was able to perform activities of daily living with medications but did not

reportedly elaborate on the nature of the same. In another section of the report, it was stated that the applicant's pain complaints were severe.

IMR ISSUES, DECISIONS AND RATIONALES

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

Fexmid #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the California Medical Treatment Utilization Schedule (MTUS) Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine or Fexmid to other agents is not recommended. In this case, the applicant is, in fact, using a variety of other opioid agents. Adding cyclobenzaprine or Fexmid to the mix is not indicated. Therefore, the request is not medically necessary.

Opana #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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. In this case, however, the applicant is off of work. The applicant is not working with permanent limitations in place. While some of the attending provider's progress notes recounted some decrement in pain achieved as a result of ongoing opioid usage, including ongoing Opana usage, other portions of the same note stated that the applicant's pain complaints were severe. The applicant's secondary treating provider, it is further noted, noted on August 7, 2014 that the pain was limiting the applicant's ability to perform all activities of daily living, despite ongoing opioid therapy. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.

Norco 10/325 mg:

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (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. In this case, the applicant is not working with permanent limitations in place. While one of the applicant's treating providers has reported some decrement in pain scores reportedly achieved as a result of ongoing opioid therapy, the same treating provider also wrote in another progress note that the applicant's pain complaints were severe, despite ongoing usage of the same. The applicant's secondary treating provider also stated that the applicant's ability to perform all activities of daily living was impacted owing to severe pain complaints. All of the above, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.