

Case Number:	CM14-0165010		
Date Assigned:	10/10/2014	Date of Injury:	05/09/1991
Decision Date:	11/13/2014	UR Denial Date:	09/20/2014
Priority:	Standard	Application Received:	10/07/2014

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 injured worker is represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 9, 1991. Thus far, the injured worker has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; adjuvant medications; unspecified amounts of physical therapy; earlier lumbar spine surgery; and extensive periods of time off of work. In a Utilization Review Report dated September 20, 2014, the claims administrator failed to approve request for Norco and morphine. Morphine was partially certified for weaning purposes. The injured worker's attorney subsequently appealed. In an October 1, 2014 progress note, the injured worker reported 5/10 pain with medications versus 9/10 pain without medications. The injured worker acknowledged that he had developed decreased libido associated with opioid therapy. The injured worker's medication list included Lodine, Lyrica, Soma, morphine, and Norco. The injured worker was status post multiple lumbar spine surgeries, it was acknowledged. The attending provider stated that medications were improving the injured worker's ability to perform activities of daily living but did not elaborate on the nature of the same. The injured worker was asked to continue Soma, Lyrica, and Norco. It was stated that morphine would be discontinued owing to issues with decreased libido. Opana was apparently introduced. Permanent work restrictions were endorsed. The attending provider acknowledged that the injured worker was not working, however. In an earlier note dated September 3, 2014, the attending provider again stated that the injured worker's medications were working well but acknowledged that the injured worker was not working. The attending provider stated that the injured worker could perform some cooking, cleaning, and self-care with his medications. Norco, Soma, and morphine were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 function, and/or reduced pain achieved as a result of the same. In this case, however, the injured worker is off of work. While the attending provider has reported some decrements in pain achieved as a result of ongoing opioid therapy, including ongoing Norco usage, the attending provider has failed to outline any meaningful improvements in function achieved as a result of the same. The injured worker's comments to the fact that he is able to perform activities of personal hygiene, self-care, and cooking do not constitute substantial or meaningful improvement achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

MS Contin 15mg #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 injured worker is off of work. While the attending provider has reported some decrements in pain achieved as a result of ongoing MS Contin usage, the attending provider has failed to outline any meaningful improvements in function achieved as a result of the same. The injured worker's comments to the fact that he is able to perform activities of self-care, personal hygiene, and cook do not constitute meaningful improvement with ongoing opioid therapy. Therefore, the request is not medically necessary.