

Case Number:	CM14-0021630		
Date Assigned:	05/05/2014	Date of Injury:	09/23/2005
Decision Date:	01/12/2015	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/20/2014

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, has a subspecialty in Preventive 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 September 23, 2005. In a Utilization Review Report dated February 12, 2014, the claims administrator approved a request for Pristiq, partially approved a request for Norco, approved an orthopedic referral, denied Opana, and denied a lumbar MRI. The claims administrator stated that its decision was based on an RFA form received on January 27, 2014. The applicant's attorney subsequently appealed. In an August 21, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg status post earlier failed lumbar laminectomy surgery. The applicant had been discharged by his former employer and was represented, it was noted. The applicant had ancillary complaints including depression, sleep apnea, hypothyroidism, and mid back pain. The applicant was on Norco, Aleve, CPAP device, Prevacid, and testosterone, it was noted. The applicant stated that Norco was not working. The applicant stated that Nucynta had previously been tried but had proven ineffectual. The note was very difficult to follow and mingled historical issues with current issues. The applicant stated that he was tired of his pain and the associated impact on his ability to perform activities of daily living. The applicant was having difficulty performing yard work and exercising. It was suggested that a spinal cord stimulator and/or a radiofrequency ablation procedure had proven unsuccessful. The applicant was not working, it was reiterated. Opana and a TENS unit were endorsed. A 20-pound lifting limitation was also renewed. In an earlier note dated August 12, 2013, the applicant again presented with persistent complaints of low back pain radiating to the right leg. The applicant's medication list included Norco, Aleve, Tylenol, CPAP device, Prevacid, Klonopin, Cymbalta, Abilify, and testosterone. The applicant was having difficulty with twisting and turning activities. The applicant was represented, it was noted. The applicant

stated that he would develop fatigue with standing and walking activities and could only climb up to one flight of stairs. The note was extremely difficult to follow and mingled historical complaints with current complaints. 8/10 pain was reported. The applicant was using a cane. The attending provider acknowledged that she did not expect or anticipate the applicant's returning to work. The applicant was asked to continue Cymbalta, Abilify, Prevacid, and Norco. The applicant was asked to employ a TENS unit. A lumbar MRI imaging of March 7, 2014 was notable for L4-L5 lateral recess stenosis with associated nerve root impingement, an L3-L4 disk bulge/disk osteophyte complex with associated L3 nerve root impingement, and low-grade neuroforaminal narrowing noted at L2-L3 and T11-T12. In an April 4, 2014 spine surgery consultation, the applicant's spine surgeon stated that continuing with conservative treatment to include yoga, aerobic exercise, weight loss, and dieting might be preferable to pursuing a three-level lumbar fusion surgery. The consulting spine surgeon noted that the applicant was having difficulty with sitting, standing, and walking activities and that medications and other conservative treatments have provided only fleeting relief. The applicant was off of work and had been on disability for the past eight years, it was acknowledged. On February 7, 2014, the applicant again reported persistent complaints of low back pain with neurogenic components. As with other notes, the note was very difficult to follow and mingled historical complaints and historical medications with current complaints and current medications. The applicant was using a variety of medications, including Norco, Aleve, Tylenol, CPAP device, Klonopin, and Cymbalta. The applicant was depressed. The applicant was using a cane to move about. The attending provider acknowledged that she did not anticipate the applicant's returning to work. A lumbar MRI imaging and a spine surgery consultation were sought. The attending provider stated that the applicant wished to consider a surgical intervention. Multiple medications were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

OPANA 5MG, #25: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines REGARDING OPANA (OXYMORPHONE).

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 was/is off of work. The applicant had not worked in over eight years, one of his treating providers acknowledged. The applicant was having difficulty performing activities of daily living as basic as standing and walking, despite ongoing opioid therapy and continued to report pain complaints as high as 8/10, despite ongoing medication consumption. All of the foregoing, taken together, did not make a compelling case for continuation of opioids, including continuation of Opana. Therefore, the request is not medically necessary.

NORCO 10/325MG, #90 WITH 1 REFILL: Upheld

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

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. Here, however, the applicant was/is off of work. The applicant had not worked in over eight years, one of his treating providers acknowledged. The applicant continued to report complaints of severe pain as high as 8/10, despite ongoing medication consumption, including ongoing Norco consumption. The applicant was having difficulty performing activities as basic as standing, sitting and walking, it was acknowledged, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.

MRI OF THE LUMBAR SPINE: Overturned

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

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 304.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 12, page 304, imaging studies are reserved for cases in which surgery is being considered or red flag diagnoses are being evaluated. In this case, the applicant, per the primary treating provider (PTP) was intent on pursuing a surgical consultation on the grounds that conservative treatments, including time, medications, physical therapy, acupuncture, etc., have been tried and failed. The applicant did go on to pursue an orthopedic spine surgery consultation, armed with the results of the lumbar MRI imaging in hand. The MRI study in question dated March 7, 2014 was indicated as the applicant did act on the results of the same and did go on to pursue a spine surgery consultation, despite the fact that his spine surgeon ultimately declined to intervene operatively. Therefore, the request was medically necessary.