

Case Number:	CM14-0216614		
Date Assigned:	01/06/2015	Date of Injury:	08/20/2001
Decision Date:	03/05/2015	UR Denial Date:	12/11/2014
Priority:	Standard	Application Received:	12/26/2014

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. 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, Ohio, 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] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 20, 2001. In a Utilization Review Report dated December 11, 2014, the claims administrator failed to approve request for Norco, Neurontin, morphine, and Prilosec. The claims administrator referenced a September 30, 2014 progress note in its determination. The claims administrator noted that the applicant had undergone earlier cervical and lumbar spine surgeries. The applicant's attorney subsequently appealed. On December 4, 2014, the applicant reported ongoing complaints of neck and back pain. The applicant had undergone both cervical and lumbar spine surgeries, it was acknowledged. The applicant had also received epidural steroid injection therapy and a spinal cord stimulator implantation. The applicant had not worked since 2001. The applicant's medication list included Levoxyl, Neurontin, morphine, Norco, Relafen, and Lidoderm patches, it was further noted. The applicant was severely obese, standing 5 feet 3 inches tall, weighing 220 pounds, it was incidentally noted. The applicant was permanent and stationary; it was stated in one section of the note. The applicant was declared totally temporarily disabled; it was stated in yet another section of the note. A follow-up CT scan was endorsed. In an RFA form dated December 4, 2014, a urine drug screen and several oral and topical medications were renewed. On November 19, 2014, the applicant was asked to continue permanent work restrictions previously imposed by medical-legal evaluator. 9/10 pain without medications versus 7/10 pain with medications was appreciated. The attending provider stated that the applicant's ability to sleep was somewhat improved as a result of her topical medications. The applicant did exhibit a

visibly antalgic gait, however. The applicant was given refills of Norco, Neurontin, morphine sulfate, MS Contin, Prilosec, Lidoderm, Relafen, Terocin patches, Menthoderm, Theramine, Sentra, GABAdone, topical compounds, and several other dietary supplements. A TENS unit was endorsed. The applicant was deemed permanently disabled, the attending provider noted in another section at the conclusion of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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, the applicant was/is off of work. The applicant has been deemed permanently disabled, it was noted on a November 19, 2014 progress note. The applicant's reduction of pain scores from 9/10 to 7/10 appears to be marginal to negligible at best and is, furthermore, outweighed by the applicant's failure to return to work and the attending provider failure to outline any meaningful or material improvements in function effected as a result of same. Therefore, the request was not medically necessary.

Morphine sulfate 30mg #100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

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

Decision rationale: The request for morphine sulfate was likewise not medically necessary, medically appropriate, or indicated here. As with the request for Norco, the applicant has failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant has been deemed permanently disabled; it was noted on November 19, 2014. On that date, the attending provider failed to outline any material or meaningful improvements in function achieved as a result of ongoing morphine sulfate usage. Therefore, the request was not medically necessary.

MS Contin 100mg #110: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80.

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

Decision rationale: Similarly, the request for MS Contin, 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, the applicant was/is off of work, despite ongoing MS Contin usage. The applicant was deemed permanently disabled; it was noted in November 2014. On that date, the attending provider failed to outline any material or meaningful improvements in function effected as a result of the same. Therefore, the request was not medically necessary.

Prilosec #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs, GI Symptoms, and Cardiovascular Risk topic Page(s): 69.

Decision rationale: Finally, the request for Prilosec, a proton pump inhibitor, was likewise not medically necessary, medically appropriate, or indicated here. While page 69 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that proton pump inhibitors such as Prilosec are indicated in the treatment of NSAID-induced dyspepsia, in this case, however, there was no mention of any issues with reflux, heartburn, and/or dyspepsia, either NSAID-induced or stand-alone, evident on November 19, 2014. Therefore, the request was not medically necessary.