

Case Number:	CM15-0014838		
Date Assigned:	02/02/2015	Date of Injury:	01/04/2002
Decision Date:	05/26/2015	UR Denial Date:	01/16/2015
Priority:	Standard	Application Received:	01/26/2015

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 57-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 4, 2002. In a Utilization Review report dated January 6, 2015, the claims administrator partially approved a request for morphine, apparently for weaning purposes, while denying Norco outright. A January 5, 2015, progress note was referenced in the determination. The claims administrator stated that the applicant had been using the medications in question since 2012, allegedly without benefit. The applicant's attorney subsequently appealed. On November 18, 2014, the applicant reported persistent complaints of low back pain. The applicant was using MS Contin and Norco for pain relief. The applicant was status post recent epidural steroid injection therapy, it was acknowledged. Both morphine and Norco were renewed. The applicant's work status was not furnished. In a progress note dated December 16, 2014, the applicant reported ongoing complaints of low back pain, 3 to 4/10. The applicant stated that an earlier epidural steroid injection had proven successful. The applicant was using morphine and Norco for pain relief. The applicant had a history of earlier peptic ulcer disease, it was suggested. The applicant was asked to follow up on a p.r.n. basis. It was suggested (but not clearly stated) the applicant was working. The applicant did state on December 16, 2014 that the combination of epidural injection therapy and/or medications had attenuated his pain scores by 50%. On December 19, 2014 progress note, the applicant reported ongoing complaints of low back pain. The applicant was reportedly working with a 35-pound lifting limitation. The applicant reported 4/10 pain complaints. It was stated that the applicant's medications were effectively attenuating his pain complaints. The applicant's

BMI was 25, it was reported. On January 6, 2015, the applicant was again described as working with a rather permissive 35-pound lifting limitation in place. Norco and MS Contin 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 #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted 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 had apparently returned to and maintained fulltime work status with ongoing medication consumption, the treating provider reported on several occasions, referenced above, in early 2015 and late 2014. The applicant had reportedly derived 50% reduction in pain scores as a result of ongoing medication consumption, the treating provider reported on December 16, 2014. All of the foregoing, taken together, did make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was medically necessary.

MS Contin 30mg #60: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Similarly, the request for MS Contin, a long-acting opioid, was likewise medically necessary, medically appropriate, and 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 had maintained full-time work status as a result of ongoing medication consumption, the treating provider reported on multiple occasions above, in late 2014 and early 2015. The applicant was deriving 50% reduction in pain complaints with medication consumption and/or epidural steroid injection therapy; it was reported on December 16, 2014. On balance, it did appear that ongoing usage of MS Contin had proven successful here. Therefore, the request was medically necessary.

