

Case Number:	CM15-0125469		
Date Assigned:	07/10/2015	Date of Injury:	05/31/2011
Decision Date:	08/11/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/29/2015

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 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 31, 2011. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve requests for oxycodone immediate release and Norco. The claims administrator referenced an RFA form received on May 27, 2015 in its determination. The applicant's attorney subsequently appealed. In a physical therapy progress note dated June 25, 2015, the applicant was asked to pursue additional physical therapy and employ an H-Wave device. The applicant had undergone earlier lumbar spine surgery, it was reported. The applicant reported frustration with his overall situation. The applicant was still using a lumbar support to move about. On June 30, 2015, the applicant's physical therapist again noted that the applicant had 8/10 pain complaints with associated anxiety, depression, and difficulty sleeping. The applicant's work status was not explicitly detailed. The applicant was described as worsening over time. The applicant was using Norco at a rate of four times a day and oxycodone at a rate of three times a day, it was suggested. On June 8, 2015, the applicant reported difficulty negotiating stairs, bending, lifting, standing, and walking. The applicant was only able to lift articles weighing up to 5 pounds secondary to pain, it was reported. The applicant's work status was not outlined. In a June 23, 2015 medical progress note, the applicant reported ongoing complaints of low back pain with derivative complaints of depression and anxiety. Radiation of pain to the lower extremities was reported. The applicant was using eight tablets of Norco daily and three tablets of immediate release oxycodone daily, it was reported. Both of the same were refilled. Additional physical therapy was sought. Both oxycodone and Norco were renewed while the applicant was kept off of work, on total temporary disability. The attending provider seemingly expressed concern over the applicant's heightened medication consumption and suggested that the applicant wean off of his medications. The applicant apparently expressed

displeasure to this suggestion and stated that he would be transferring care elsewhere.

IMR ISSUES, DECISIONS AND RATIONALES

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

Oxy IR #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids; Opioids.

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

Decision rationale: No, the request for oxycodone, 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, however, the applicant was off of work, on total temporary disability, it was reported on a medical progress note of June 23, 2015. The treating provider was seemingly of the opinion that the applicant's opioid consumption was excessive as of that point. Multiple physical therapy progress notes of June 2015, including a progress note of June 8, 2015, suggested that the applicant was having difficulty performing activities of daily living as basic as negotiating stairs, bending, lifting, standing, walking etc. It did not appear, in short, that the applicant had profited through ongoing oxycodone usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should tailor medications and dosages to the specific applicant. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider should be knowledgeable regarding prescribing information. Here, however, the strength of oxycodone which the applicant was taking was not articulated on the June 23, 2015 office visit. Therefore, the request was not medically necessary.

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Short Acting Opioids; Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 7. When to Continue Opioids Page(s): 78; 80.

Decision rationale: Similarly, the request for a second short-acting opioid, Norco, was likewise not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible of opioids should be prescribed to improve pain and function. Here, thus, the request for continued usage of two separate short-acting opioids, Norco and oxycodone, thus, ran counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. As with the preceding request, the applicant likewise 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 had failed to return to work and was on total temporary disability as of the date in question, June

23, 2015. The applicant also reported difficulty performing activities of daily living as basic as standing, walking, negotiating stairs, lifting, bending, etc. It did not appear, in short, that the applicant had profited from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.