

Case Number:	CM15-0077627		
Date Assigned:	04/29/2015	Date of Injury:	11/17/1999
Decision Date:	05/28/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/23/2015

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 45-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 17, 1999. In a Utilization Review report dated April 17, 2015, the claims administrator failed to approve a request for Norco and OxyContin. Norco and OxyContin were, however, partially approved, apparently for tapering and weaning purposes. A RFA form received on April 16, 2015 and an associated office visit of April 1, 2015 were referenced in the determination. On March 4, 2015, the applicant reported ongoing complaints of low back pain radiating to the right leg, 7/10. Sitting, standing, twisting, and bending remained problematic, the treating provider reported. The applicant was still smoking on a daily basis, it was acknowledged. The applicant's medications included Norco, Ambien, aspirin, Klonopin, benadryl, Zestoretic, Norco, OxyContin, Senna, Soma, Phenergan, and vitamins. The applicant's BMI was 27. Norco and OxyContin were renewed. The attending provider stated that the applicant's ability to perform light household chores was ameliorated as a result of ongoing medication consumption. The applicant's work status was not detailed at the bottom of the report, although the applicant did not appear to be working. The attending provider stated, in another section of the note, that the applicant was able to get up out of bed more frequently with her medications. On February 5, 2015, the applicant reported ongoing complaints with pain and fatigue. The applicant's was spending 12-16 hours a day in bed, it was acknowledged. 9-10/10 pain was reported. The attending provider again noted that sitting, standing, twisting, and bending remained problematic. The attending provider again stated, in another section of the note, that the applicant's medications were beneficial. The

applicant was still smoking. OxyContin, Ambien, and Norco were renewed. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working. The attending provider stated that the applicant's ability to perform activities of self care and personal hygiene have been ameliorated as a result of ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids 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's work status was not explicitly on progress notes of March 4, 2015 and February 5, 2015, although the applicant did not appear to be working. The attending provider's commentary on a progress note of February 5, 2015 to the effect that the applicant was spending 12 to 16 hours a day in bed, strongly suggested that the applicant was not, in fact, working. The attending provider's reports of pain ranging from 8 to 9/10 on February 5, 2015 likewise did not make a compelling case of continuation of opioid therapy with Norco. Similarly, the attending provider's commentary to the effect that the applicant's ability to perform activities of self-care and personal hygiene as a result of ongoing medication consumption did not constitute evidence of a meaningful or material improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.

Oxycontin 20mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Similarly, the request for OxyContin, 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 attending provider's commentary on a progress note of February 5, 2015 to the effect that the applicant's was spending 12 to 16 hours a day in bed strongly suggested that the applicant was not, in fact, working. The attending provider commented to the effect that the applicant was having difficulty performing activities

of daily living as basic as sitting, standing, bending, lifting likewise argued against the applicant's having achieved any meaningful benefits as a result of ongoing opioid therapy with OxyContin. The attending provider's reports of pain complaints as high as 7/10 on March 4, 2015 and as high as 8 to 10/10 on February 5, 2015 likewise argued against the applicant's having achieved any tangible decrements in pain as a result of ongoing OxyContin usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.

Oxycontin 40mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: Similarly, the request for OxyContin, 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 attending provider's commentary on a progress note of February 5, 2015 to the effect that the applicant's was spending 12 to 16 hours a day in bed strongly suggested that the applicant was not, in fact, working. The attending provider commented to the effect that the applicant was having difficulty performing activities of daily living as basic as sitting, standing, bending, lifting likewise argued against the applicant's having achieved any meaningful benefits as a result of ongoing opioid therapy with OxyContin. The attending provider's reports of pain complaints as high as 7/10 on March 4, 2015 and as high as 8 to 10/10 on February 5, 2015 likewise argued against the applicant's having achieved any tangible decrements in pain as a result of ongoing OxyContin usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.