MAXIMUS Federal Services

Case Number:	CM15-0092079		
Date Assigned:	05/18/2015	Date of Injury:	01/13/2013
Decision Date:	06/22/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/13/2015

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 61-year-old who has filed a claim for chronic back and wrist pain reportedly associated with an industrial injury of January 13, 2013. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve requests for Norco and Arthrotec. Norco was apparently partially approved for weaning or tapering purposes, it was suggested. An RFA form received on April 28, 2015 and associated progress note of April 13, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 13, 2015, the applicant reported ongoing complaints of low back, bilateral wrist, and leg pain, collectively rated at 7-8/10. The applicant's pain complaints were described as constant and severe. The attending provider stated that previously provided Arthrotec samples had attenuated the applicant's pain complaints but declined to elaborate further. Norco and Arthrotec were endorsed. Norco was apparently renewed without explicit discussion of medication efficacy. The applicant's work status was not clearly stated. The applicant's complete medication list was likewise not attached. On February 20, 2015, the applicant was given a prescription for ConZip. Constant, severe back and neck pain scored at 6/10 were reported. The applicant did have issues with superimposed depression, it was acknowledged. The applicant was off work, on total temporary disability, it was further noted. On a progress note dated March 10, 2015, a medical-legal evaluator acknowledged receiving a covert surveillance (sub rosa) report suggesting that the applicant was engaged in symptom magnifying behavior which included walking a dog without a cane and exercising vigorously in a gym.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 124.

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, however, the applicant was off work, on total temporary disability, it was suggested on a progress note dated February 27, 2015. The applicant reported complaints of constant, severe low back pain on office visits of February 27, 2015 and April 13, 2015. The applicant's prescribing provider failed to outline either quantifiable decrements in pain or meaningful, material improvements in function affected as a result of ongoing Norco usage (if any). This, coupled with the applicant's failure to return to work and the commentary of a medical-legal evaluator to the effect that the applicant was engaging in symptom-magnifying behavior, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Arthrotec 50 mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Diclofenac.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Combination (NSAID/GI protectant): Arthrotec (diclofenac/ misoprostol) 50mg/200mcg, 75mg/20mcg Page(s): 70-71.

Decision rationale: Similarly, the request for Arthrotec, an amalgam of diclofenac and misoprostol, was not medically necessary, medically appropriate, or indicated here. While pages 70 and 71 of the MTUS Chronic Pain Medical Treatment Guidelines do stipulate that Arthrotec is indicated in the treatment of osteoarthritis in applicants at high risk for developing NSAID- induced gastric or duodenal ulcers, in this case, however, progress notes of February 27, 2015 and April 3, 2015 made no mention of the applicant's being at heightened risk for development of gastric and/or duodenal ulcers. No rationale for introduction of Arthrotec in favor of non- selective NSAIDs such as Motrin and naproxen was furnished. Therefore, the request was not medically necessary.