MAXIMUS Federal Services

Case Number:	CM15-0092132		
Date Assigned:	05/18/2015	Date of Injury:	10/23/2008
Decision Date:	06/23/2015	UR Denial Date:	04/13/2015
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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 20, 2008. In a Utilization Review report dated April 13, 2015, the claims administrator failed to approve requests for Norco and methadone. A RFA form received on April 9, 2015 was referenced in the determination, as was a progress note dated April 8, 2015. The applicant's attorney subsequently appealed. In a progress note dated May 6, 2015, the applicant reported ongoing complaints of low back pain, 3-4/10. Flexion, extension, stretching, rotating, and sitting all worsened the applicant's pain complaints, it was reported. The applicant's medications included Cialis, Motrin, methadone, Norco, and Prilosec, it was reported. The applicant did have comorbid asthma. The applicant reported issues with sleep disturbance, it was suggested in the review of systems section of the note. Getting up and out of chair was problematic at times, the treating provider reported. The applicant was still smoking one and half pack a day, it was reported. The note was somewhat difficult to follow and mingled historical issues with current issues. The applicant had undergone an earlier failed lumbar fusion surgery, it was reported. Multiple medications were renewed. The applicant's work status was not stated. The attending provider stated that the applicant's pain complaints were reduced by 70% as a result of ongoing medication consumption, it was incidentally noted, but did not elaborate further.

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 Page(s): 78-81.

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 did not appear to be working as of a May 6, 2015 progress note. While the attending provider reported 70% reduction in pain scores effected as a result of ongoing usage, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage. The attending provider stated on May 6, 2015 that the applicant was deconditioned and that activities of daily living as basic as stretching, rotating, extension, sitting, standing, and/or walking worsened the applicant's pain complaints. The attending provider stated that the applicant was having difficulty sleeping and/or getting up out of a chair owing to ongoing pain complaints. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Methadone 10mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-81.

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

Decision rationale: Similarly, the request for methadone, 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, however, the applicant's work status was not clearly outlined on May 6, 2015, although it did not appear that the applicant was working on that date. While the attending provider stated that the applicant's pain complaints were reportedly attenuated as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing methadone usage. The attending provider's commentary to the effect that the applicant is having difficulty performing activities of daily living as basic as sitting, standing, walking, rotating, getting up and out of a chair, and sleeping as of May 6, 2015, coupled with the fact that the applicant did not appear to be working following imposition of permanent work restrictions did not make a compelling case for continuation of opioid therapy with methadone. Therefore, the request was not medically necessary.