

Case Number:	CM15-0098766		
Date Assigned:	06/01/2015	Date of Injury:	08/19/2000
Decision Date:	07/10/2015	UR Denial Date:	05/07/2015
Priority:	Standard	Application Received:	05/21/2015

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 66-year-old who has filed a claim for chronic low back and neck pain with derivative complaints of migraine headaches reportedly associated with an industrial injury of August 19, 2000. In a Utilization Review report dated May 7, 2015, the claims administrator failed to approve request for Relafen, Morphine, Norco and Doc-Q-Lax. Partial issues were approved in several cases. The claims administrator referenced a progress note dated March 25, 2015 in its determination. The applicant's attorney subsequently appealed. On March 25, 2015, the applicant reported issues with severe pain. The applicant was mentally down at times owing to her severe pain complaints. Multifocal complaints of neck pain, shoulder pain, and low back pain were reported. The applicant was apparently using a wheelchair to move about in clinic, it was reported. There was no explicit mention of the applicant's having had surgery on this date. Norco, Avinza, senna, and Restoril were endorsed. The attending provider acknowledged that the applicant's function had decreased. In a progress note dated February 25, 2015, the applicant was described as having persistent pain complaints. The applicant was, once again, given refills of Norco, Avinza, senna, and MiraLax. The applicant had experienced issues with opioid-induced constipation. It was reported that the applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Nabumetone 500 mg, #60 with 4 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDS (Non-Steroidal Anti-Inflammatory Drugs) Page(s): 67-73.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory medications Page(s): 22.

Decision rationale: No, the request for nabumetone (Relafen), anti-inflammatory medication, was not medically necessary, medically appropriate, or indicated here. While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as nabumetone (Relafen) do represent the traditional first line treatment of various chronic pain conditions, including the chronic neck and low back pain reportedly present here, this recommendation, however, qualified by commentary made on page 7 of the MTUS Chronic Pain Medical Treatment Guidelines to the effect that an attending provider should incorporate some discussion of medications efficacy into his choice of recommendations. Here, however, the applicant's work status was not detailed on multiple progress notes, referenced above, including on March 25, 2015 and on February 23, 2015, suggesting that the applicant was not, in fact, working. The fact that the applicant was wheelchair-bound and remained dependent on opioids agents such as Morphine and Norco, coupled with the attending provider's failure to clearly outline the applicant's work status, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite ongoing usage of nabumetone (Relafen). Therefore, the request was not medically necessary.

Doc-Q-Lax 8.6-50mg, #60 with 2 refills: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 77.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 3) Initiating Therapy Page(s): 77.

Decision rationale: The request for Doc-Q-Lax, a laxative/stool softener, was medically necessary, medically appropriate, and indicated here. As noted on page 77 of the MTUS Chronic Pain Medical Treatment Guidelines, the prophylactic treatment of constipation should be initiated in applicants who have been given opioid agents. Here, the applicant was using Norco and Morphine, opioid agents, on or around the date of the request. Provision of Doc-Q-Lax a laxative agent, was, thus, indicated to combat any issues with opioid-induced constipation that may have originated in conjunction with the same. Therefore, the request was medically necessary.

Morphine Sulfate ER 30mg, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80, 86.

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

Decision rationale: Similarly, the request for morphine sulfate, 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 result of the same. Here, however, the applicant's work status was not detailed on progress notes of March 25, 2015 and February 23, 2015, suggesting that the applicant was not, in fact, working. The attending provider's reports of applicant's being wheelchair-bound secondary to pain, coupled with the attending provider's commentary to the fact that the applicant's overall functionality was diminishing did not make a compelling case for continuation of opioid therapy. Therefore, the request for Morphine sulfate extended release was not medically necessary.

Hydrocodone/APAP (acetaminophen) 10/325mg, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids for Chronic Pain Page(s): 80, 86.

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

Decision rationale: Finally, the request for hydrocodone-acetaminophen (Norco), a short-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 reduced pain achieved as a result of the same. Here, however, the applicant's work status was not detailed on the office visits of February or March 2015, suggesting that the applicant was not, in fact, working. The attending provider's reports that the applicant's functionality was waning from visit to visit, coupled with the applicant's continued usage of wheelchair, likewise did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.