

Case Number:	CM15-0098896		
Date Assigned:	06/01/2015	Date of Injury:	11/09/1999
Decision Date:	07/08/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/22/2015

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 58-year-old who has filed a claim for chronic mid and low back pain reportedly associated with an industrial injury of November 9, 1999. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve requests for Norco, thoracic facet joint injections, and two functional capacity evaluations. The claims administrator did partially approve Norco, apparently for weaning or tapering purposes. The claims administrator referenced a RFA form of April 13, 2015 and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. In a separate RFA form dated April 13, 2015, two consecutive functional capacity evaluations were sought, with and without medications while Norco and facet injections were also proposed. In an associated progress note of the same date, April 13, 2015, 6-9/10 back pain complaints were reported. The applicant had had previous thoracic facet injections in February 2014, it was reported. The applicant had also received a "year" of chiropractic manipulative therapy, a year of water therapy, and 20 sessions of physical therapy, it was further noted. The applicant was on Norco for pain relief. The applicant maintained that Norco was allowing him to get up out of bed on a daily basis and shop for groceries. Repeat thoracic facet injections were sought, while Norco was renewed. Two consecutive functional capacity evaluations were sought. The applicant's work status was not detailed, although it did not appear that the applicant was working. In an applicant questionnaire dated March 17, 2015, the applicant acknowledged that he was not working and had last worked in November 1999.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Opioids, Criteria for Use.

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, is 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 because of the same. Here, however, the applicant was off work, it was suggested in an applicant questionnaire of March 17, 2015, at which point the applicant acknowledged that he had not worked in 15 years. The applicant continued to report pain complaints as high as 6-9/10; it was reported on April 13, 2015, despite ongoing use of Norco. The attending provider's comment to the effect that the applicant's ability to perform daily chores and/or get up out of bed with his medications did not, in and of itself, constitute evidence of a meaningful commentary or substantive benefit effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.

Bilateral Facet Joint Injections at T6-7 and T7-8 Facets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 300. Decision based on Non-MTUS Citation ODG (Official Disability Guidelines): Low Back Chapter, Facet Joint Pain.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 181.

Decision rationale: Similarly, the request for bilateral facet joint injections at T6-T7 and T7-T8 was likewise not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 8, Table 8-8, page 181, facet injections, i.e., the modality at issue here, are deemed "not recommended" in the evaluation and management of neck and upper back complaints, as were/are present here. It is further noted that the applicant had received previous facet injections, despite unfavorable ACOEM position on the same. The applicant had, moreover, failed to respond favorably to the same in terms of functional improvement parameters established in MTUS 9792.20e. The applicant failed to return to work. Permanent work restrictions were renewed, unchanged, from visit to visit, despite receipt of earlier facet injections. The previous facet injections failed to curtail the applicant's dependence on opioid agents such as Norco. All of the foregoing, taken together, suggested a lack of functional improvement as defined in MTUS 9792.20e, despite receipt of prior thoracic facet injections. Therefore, the request is not medically necessary.

Functional capacity evaluations, quantity: 2: 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): Functional Capacity Evaluation (FCE).

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 2 General Approach to Initial Assessment and Documentation Page(s): 21.

Decision rationale: Finally, the request for two consecutive functional capacity evaluations was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 2, page 21 does suggest considering functional capacity evaluation when necessary to translate medical impairment into limitations and restrictions and to determine work capability, here, however, the applicant was off of work, it was acknowledged, and had not worked since some 15 to 16 years. It was not clearly stated why functional capacity testing was being sought in the clinical and/or vocational context present here. Therefore, the request was not medically necessary.