

Case Number:	CM13-0023059		
Date Assigned:	11/15/2013	Date of Injury:	10/11/2011
Decision Date:	01/30/2014	UR Denial Date:	08/20/2013
Priority:	Standard	Application Received:	09/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 patient has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 11, 2011. Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off work. In a utilization review report of August 20, 2013, the claims administrator denied a request for Norco. The patient's attorney later appealed. In handwritten progress reports of October 28, 2013, and September 17, 2013, the patient reports persistent complaints of mechanical back and knee pain. She is reportedly having difficulty performing normal activities. She is not working. Persistent pain is noted. She is placed off work, on total temporary disability, as her restrictions have not been accommodated. An earlier progress note of August 13, 2013, is notable for comments that the patient has myofascial pain and is on Soma, Norco, Motrin, Ativan, Wellbutrin, and Pristiq.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 325, 10mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and reduced pain affected as a result of ongoing opioid usage. In this case, however, the documentation on file does not establish the presence of any of the aforementioned criteria. The applicant has failed to return to work. There is no clear evidence of improved function and/or reduced pain affected as a result of prior Norco usage. Therefore, the request remains non-certified, on independent medical review.