

Case Number:	CM13-0062414		
Date Assigned:	12/30/2013	Date of Injury:	10/15/2012
Decision Date:	04/11/2014	UR Denial Date:	11/06/2013
Priority:	Standard	Application Received:	12/06/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 applicant is a represented [REDACTED] employee who has filed a claim for chronic low back and right leg pain reportedly associated with an industrial injury of October 15, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy over the life of the claim; electrodiagnostic testing of September 13, 2013, reportedly interpreted as notable for a mild L5-S1 motor radiculopathy; and the apparent imposition of permanent work restrictions through a medical legal evaluation. In a Utilization Review Report of November 6, 2013, the claims administrator partially certified Norco for weaning purposes and approved request for Motrin, citing non-MTUS ODG Guidelines, although the MTUS does address the topic at hand. An October 16, 2013 progress note is handwritten, not entirely legible, somewhat difficult to follow, and notable for comments that the applicant's pain levels dropped to 3/10 from 8/10 with Motrin and Norco usage. The applicant is doing well, able to function, and is remaining active at home as a result of ongoing medication usage. The applicant denies any dyspepsia as a result of medication usage. It is stated that the applicant is functional on a "very low dosage of medications now." Permanent work restrictions are apparently renewed. An earlier note of September 9, 2013, also handwritten, stated that the applicant was off of work, on total temporary disability, until the next visit. It is again reiterated that the applicant's ongoing usage of medications resulted in a drop in pain scores from 8/10 to 3/10 and that the applicant was able to do chores, attend church, and walk about on a daily basis as a result of the medications in question. It is stated that the applicant was using Norco twice to thrice daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg (unspecified quantity): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 46, 79-81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) chapter.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 functioning, and/or reduced pain effected as a result of the same. In this case, the applicant is described as achieving appropriate analgesia with Norco usage, with pain scores dropping from 8/10 to 3/10 as a result of the same. The applicant is able to remain functional as a result of the medications, it has been posited by the attending provider, who stated that the applicant is able to chores at home, perform home exercises, and attend church as a result of ongoing medication usage. Continuing the same, on balance, is indicated, although it does appear that the applicant has failed to return to work. Therefore, the original utilization review decision is overturned. The request is certified, on Independent Medical Review.