

Case Number:	CM14-0005587		
Date Assigned:	04/30/2014	Date of Injury:	03/07/2001
Decision Date:	07/08/2014	UR Denial Date:	12/06/2013
Priority:	Standard	Application Received:	01/13/2014

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 pain reportedly associated with an industrial injury of March 7, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier spine surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report of December 9, 2013, the claims administrator denied a request for Norco. The claims administrator stated that the applicant had not had effected any lasting benefit through ongoing usage of Norco. The claims administrator did document inability to feel pain and improvement in the performance of activities of daily living with Norco usage. In a December 18, 2012 progress note, the applicant was described as reporting 6/10 pain with medications and 9/10 pain without medications. The applicant stated that usage of Norco was helping the performance of the activities of daily living. However, the attending provider did not expound upon which activities of daily living had been helped. It was stated that the applicant was pending a spinal cord stimulator revision. It was suggested that the applicant was diabetic and using metformin for the same. The applicant apparently underwent a spinal cord stimulator implantation and reprogramming procedure on November 7, 2013 owing to the fact that an earlier stimulator had failed. An earlier progress note of October 16, 2013 was notable for comments that the applicant was having difficulty attending appointments owing to financial constraints. The applicant reported persistent complaints of severe low back pain radiating to the left leg. It was stated that the applicant felt that the usage of Norco was helpful and was not generating any adverse effects. The attending provider stated that the usage of Norco was helping the applicant's ability to perform activities of daily living by 30% and that the applicant's pain levels were dropping from 9/10 to 6 to 7/10 with Norco usage. It was not clearly elaborated which activities of daily living had specifically been helped with ongoing Norco

usage. A May 31, 2013 note was notable for comments that the applicant was reporting severe low back pain radiating to the left leg.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS, WHEN TO CONTINUE OPIOIDS Page(s): 80.

Decision rationale: Norco is an opioid. The Chronic Pain Guidelines indicate that the cardinal criteria for the continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, the evidence on file does not clearly suggest that these criteria have been met. The applicant does not appear to have returned to work, based on the documentation on file. Some section of the progress note provided states that the applicant's pain complaints are heightened while other sections of the progress note states that the applicant's pain complaints are diminished with medications usage. The fact that the applicant underwent a revision of spinal cord stimulator implantation, implies that oral pain relief with Norco was not satisfactory here. Furthermore, the attending provider has not clearly elaborated upon or stated what activities of daily living has specifically been helped with Norco usage. On balance, then, it does not appear that the criteria set forth in the guidelines for the continuation of opioid therapy have been met. Therefore, the request is not medically necessary, on independent medical review.