

Case Number:	CM14-0161559		
Date Assigned:	10/07/2014	Date of Injury:	08/04/2010
Decision Date:	11/25/2014	UR Denial Date:	10/01/2014
Priority:	Standard	Application Received:	10/01/2014

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 neck and low back pain reportedly associated with an industrial injury of August 4, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; a TENS unit; psychological counseling; topical agents; and various interventional procedures involving the lumbar spine. In a Utilization Review Report dated October 1, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. In a progress note dated September 19, 2014, the applicant reported 5/10 pain versus 7/10 without medications. The applicant stated that he was performing home exercises and trying to walk on a treadmill for exercises purposes. The applicant's medication list included Lyrica, lidocaine, Norco, Celebrex, and Voltaren gel. The applicant was described as in mild-to-moderate pain in the clinic setting. Norco was renewed, along with Lyrica, Celebrex, Voltaren gel, and lidocaine ointment. Laboratory testing was endorsed. The applicant was apparently permanent and stationary. The applicant did not appear to be working with permanent limitations imposed by a Medical-legal evaluator.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg qty: 180: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, On-Going Management; When to Discontinue Opioids; Opioids.

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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved because of the same. In this case, while the applicant does not appear to be working, the applicant is reporting an appropriate reduction in pain scores from 7/10 without medications to 5/10 with medications. The applicant's ability to perform home exercises, walk on a treadmill, perform daily exercises, etc., has reportedly been ameliorated because of ongoing opioid therapy, the attending provider has posited. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.