MAXIMUS Federal Services

Case Number:	CM14-0177492		
Date Assigned:	10/30/2014	Date of Injury:	07/14/2006
Decision Date:	12/10/2014	UR Denial Date:	10/21/2014
Priority:	Standard	Application Received:	10/27/2014

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 July 14, 2006. Thus far, the applicant has been treated with the following medications: Analgesic medications; opioid therapy; unspecified amounts of physical therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated October 21, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes.The applicant's attorney subsequently appealed. In a progress note dated October 6, 2014, the applicant reported 4/10 pain with ongoing Norco usage and 8-10/10 pain without the same. The applicant was not working, it was acknowledged, and was receiving Social Security Disability Insurance (SSDI) benefits in addition to Workers' Compensation indemnity benefits. The attending provider stated that the applicant's ability to perform activities of daily living was improved as a result of ongoing Norco usage but did not elaborate or expound upon the same.The applicant received an epidural steroid injection on September 17, 2014. In an August 11, 2014 progress note, the applicant again reported present pain score of 9/10, at best 4/10 with medications versus 10/10 without medications. The applicant was not working, it was acknowledged. Epidural steroid injection therapy was endorsed. The attending provider stated that the applicant's ability to perform activities of daily living was improved with medication consumption but did not elaborate or expound upon the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

One Prescription of Norco # 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 as a result of the same. Here, however, the applicant is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance benefits, it has been suggested on several occasions, referenced above. While the attending provider has reported some reduction in pain levels achieved as a result of ongoing Norco usage, this is, however, outweighed by the applicant's seeming failure to return to any form of work and the attending provider's failure to outline any material improvements in function as a result of ongoing Norco usage. Therefore, the request is not medically necessary.