

Case Number:	CM14-0185745		
Date Assigned:	11/13/2014	Date of Injury:	11/16/2009
Decision Date:	12/30/2014	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/07/2014

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 November 16, 2009. The applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy, manipulative therapy, and acupuncture; epidural steroid injection therapy; and opioid therapy. In a Utilization Review Report dated October 29, 2014, the claims administrator denied a request for Norco. The claims administrator did not incorporate any guidelines into its rationale but stated that it was employing both the ACOEM and ODG Guidelines, neither of which were clearly referenced. The applicant's attorney subsequently appealed. In a handwritten note dated March 17, 2014, the applicant reported persistent complaints of low back pain radiating to the bilateral lower extremities. Norco, Ambien, Prilosec, topical Medrox, and urinalysis were endorsed. The applicant's work status is not furnished. On April 28, 2014, the applicant was again given refills of Norco, Ambien, Prilosec, and Medrox, without any explicit discussion of medication efficacy. Persistent complaints of low back pain were noted. In another handwritten note dated August 25, 2014, Norco, Ambien, Prilosec, and Terocin were again renewed, again without any explicit discussion of medication efficacy. Persistent complaints of frequent low back pain were appreciated on this occasion. On September 15, 2014, the applicant again reported 8/10 low back pain. Epidural steroid injection was sought. The applicant was asked to continue conservative care in the interim. The applicant's work status, once again, was not clearly stated. On October 28, 2014, Norco was again renewed to combat ongoing complaints of moderate to severe low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG (120): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 a result of the same. Here, however, the applicant's work status has not been clearly outlined. It does not appear, however, that the applicant is working. The applicant has continued to describe reporting pain in the moderate to severe range or greater, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.