MAXIMUS Federal Services

Case Number:	CM14-0020706		
Date Assigned:	04/30/2014	Date of Injury:	07/14/2003
Decision Date:	07/08/2014	UR Denial Date:	02/07/2014
Priority:	Standard	Application Received:	02/19/2014

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, 2003.Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts aquatic therapy; the apparent imposition of permanent work restrictions; and extensive periods of time off of work. In a utilization review report dated February 6, 2014, the claims administrator partially certified a request for Norco, seemingly for weaning purposes. The applicant's attorney subsequently appealed. A December 23, 2013 progress note was notable for comments that the applicant reported persistent 6/10 low back pain radiating to the lower extremities. The applicant was using Norco for pain relief. The applicant states that the Norco was reportedly effective. The applicant had not worked since the date of the injury, it was stated. Stated that applicant was trying to exercise on a regular basis. Ultimately, Norco, Motrin, and Prilosec were refilled. The note was somewhat templated and essentially unchanged as compared to a subsequent note of January 16, 2014, in which the applicant again reported 5/10 pain, persistent, about the low back. The applicant was using Norco, Motrin, and Flexeril. It was again stated that the applicant was not working. An additional aquatic therapy was sought along with lumbar MRI. In a physical therapy note of October 24, 2013, the applicant was described as having visited the emergency department owing to flare of pain, at which point she was given Norco. On October 5, 2013, the applicant was described as using Norco, Motrin, and Soma. A 6/10 pain was again noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: NORCO 10/325MG, #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco (opioid).

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, however, the applicant has seemingly failed to the criteria. The applicant is off of work. The applicant has apparently not worked since the date of the injury. There is no clear evidence that the applicant has achieved any subsequent improvements in function or pain as a result of ongoing Norco usage. If anything, the fact that the applicant is intermittently visiting the emergency department and concurrently using Soma would argue that ongoing usage of Norco has not been beneficial. Therefore, the request was not medically necessary.