

Case Number:	CM14-0033781		
Date Assigned:	06/20/2014	Date of Injury:	05/10/2011
Decision Date:	07/30/2014	UR Denial Date:	02/04/2014
Priority:	Standard	Application Received:	03/05/2014

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 reportedly associated with an industrial injury of May 10, 2011. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; topical agents; antidepressant medications; and extensive periods of time off of work. In a utilization review report dated February 4, 2014, the claims administrator partially certified Norco, seemingly for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated June 17, 2014, the applicant reported persistent 7/10 low back pain. The applicant stated that medications were helping. The applicant stated that she is having heightened depressive symptoms, including, easy fatigability and decreased energy. The applicant's medication list included Norco, Terocin, Methoderm, Ultracet, Bupropion, Zoloft, and Desyrel. Norco, Methoderm, and Ultracet were refilled, while the applicant was placed off of work, on total temporary disability. It was stated that the applicant should pursue a functional restoration program.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325, thirty count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines page 80, When to Continue Opioids topic.2. MTUS page 78, Opioids, Ongoing Management topic. Page(s): 80, 78.

Decision rationale: According to the 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. In this case, however, the applicant is off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened, at the 7/10 level, despite ongoing Norco usage. There is no evidence of any concrete improvements in function achieved as a result of ongoing Norco usage. It is further noted that the Chronic Pain Medical Treatment Guidelines suggest that an applicant should use lowest possible dose of opioids needed to improve pain and function. In this case, however, the applicant is using two separate short-acting opioids, Norco and Ultracet. No compelling rationale for the same has been proffered by the attending provider. Therefore, the request for Norco 10/325, thirty count, is not medically necessary or appropriate.