

Case Number:	CM14-0038110		
Date Assigned:	06/25/2014	Date of Injury:	10/27/2010
Decision Date:	07/31/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/01/2014

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 low back pain reportedly associated with an industrial injury of October 27, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 28, 2014, the claims administrator denied a request for Norco. Overall rationale was quite sparse and quite difficult to follow. The claims administrator seemingly stated that opioids are not recommended for chronic back pain and further suggested that the request should be denied on causation grounds, as it did not appear that the applicant's complaints were related to the October 27, 2010 injury. The applicant's attorney subsequently appealed. In a medical-legal evaluation of April 11, 2014, it was stated that the applicant had a 25 pound permanent lifting limitation. It was suggested that the applicant was off of work, on total temporary disability and had been off of work for two years. In a handwritten note dated March 12, 2014, the applicant was given a diagnosis of thoracic back pain. The applicant stated that he was working at Shasta Caverns. The applicant was using two to three Norco daily for pain relief. The applicant complained that he had to pay for some of his prescriptions out of pocket as Workers' Comp had apparently not approved them. The applicant was using Motrin and Norco, it was stated. Full thoracic range of motion was noted despite some pain with rotation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: Norco is a short-acting opioid. 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, the attending provider's documentation does make it clear that the applicant has returned to work. The documentation, while incomplete, does suggest that the applicant is deriving appropriate analgesia through ongoing usage of Norco. Continuing the same, on balance, is indicated, given the applicant's successful return to work and apparent ensuing improvement in terms of performance of activities of daily living. Therefore, the request for Norco 10/325 mg, ninety count, is medically necessary and appropriate.