

Case Number:	CM14-0038731		
Date Assigned:	06/27/2014	Date of Injury:	08/25/2000
Decision Date:	08/06/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	04/02/2014

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 August 25, 2000. The applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; a lumbar laminectomy surgery; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated March 21, 2014, the claims administrator partially certified a request for Norco, citing lack of functional improvement with the same. Norco was partially certified for weaning purposes. The applicant's attorney subsequently appealed. In a February 17, 2014 medical-legal evaluation, the applicant was described as no longer working as a trucker. The applicant did state that he was duck hunting with his son-in-law and stated that he assisted his son with certain activities while his wife performed household chores. A February 24, 2014 clinical progress note was notable for comments that the applicant was recently treated for nephrolithiasis. The applicant reported constant 6/10 low back pain with medications. The applicant was on Neurontin and Norco for pain relief. Stiffness, arthralgias, and myalgias were noted in the review of systems section of the report. The applicant was given a refill of Norco. There was no discussion of medication efficacy. An earlier note of December 30, 2013 was notable for comments that the applicant was in distress secondary to heightened complaints of low back pain. The applicant was then described as doing relatively well with medications in another section of the report. The applicant reported 5/10 overall low back pain, it was stated. Medications, including Norco and Neurontin, were apparently renewed. An earlier note of May 15, 2013 was notable for comments that the applicant was deemed permanently disabled. This was echoed by a later report of July 9, 2013, which also stated that the applicant had been deemed permanently disabled.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: 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 California Medical Treatment Utilization Schedule (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. In this case, however, the applicant is seemingly off of work. The applicant has been deemed permanently disabled. There has been no clear description of improvements in pain and/or function achieved as a result of ongoing opioid therapy with Norco. If anything, several progress notes provided suggested that the applicant's pain complaints are heightened, despite ongoing usage of Norco. Therefore, the request is not medically necessary.