

Case Number:	CM14-0048990		
Date Assigned:	07/07/2014	Date of Injury:	05/22/2010
Decision Date:	09/05/2014	UR Denial Date:	03/17/2014
Priority:	Standard	Application Received:	04/17/2014

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 May 22, 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 17, 2014, the claims administrator partially certified a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a medical legal evaluation dated April 20, 2011, it was acknowledged that the applicant had failed to return to work and remained unemployed, owing to ongoing issues of chronic low back pain. On April 7, 2014, the applicant was described as status post recent epidural steroid injections. The applicant was placed off of work, on total temporary disability. The applicant was asked to try and wean Norco at this point in time. Overall, documentation was sparse. In a later note dated May 7, 2014, somewhat incongruously, the applicant apparently presented with 7/10 pain and was asked to employ Celebrex while continuing Norco. The applicant was placed off of work between June 11, 2014 through July 10, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 PRESCRIPTION OF NORCO 10/325MG #120 WITH 1 REFILL: Upheld

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

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 is off of work, on total temporary disability, several years removed from the date of injury. The applicant's pain levels remain quite high, in the 8/10 range, despite ongoing Norco usage. There have been no concrete or tangible improvement in function recounted with ongoing usage of Norco. Therefore, the request is not medically necessary.