MAXIMUS Federal Services

Case Number:	CM14-0058806		
Date Assigned:	07/09/2014	Date of Injury:	08/12/2011
Decision Date:	09/08/2014	UR Denial Date:	04/14/2014
Priority:	Standard	Application Received:	04/29/2014

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 patient is a represented [redacted] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 12, 2011.Thus far, the patient has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid therapy; and epidural steroid injection therapy. In a utilization review report dated April 14, 2014, the claims administrator partially certified a request for Norco, apparently for weaning purposes. In a handwritten dated October 9, 2013, the patient presented with persistent complaints of low back pain. The patient exhibited an antalgic gait. Lumbar epidural steroid injection therapy was sought on the recommendation of an Agreed Medical Evaluator. The patient's work status was not provided. In a handwritten prescription note dated December 19, 2013, the attending provider endorsed prescriptions for Norco, Condrolite, and Naprosyn.On January 15, 2014, the attending provider noted that the patient was deemed a qualified injured worker and was, in fact, off of work, on total temporary disability despite having multiple epidural steroid injections. In a progress note dated March 15, 2014, the patient was given a refill of Norco. The patient was placed off of work, on total temporary disability. Persistent complaints of low back pain were reported. The patient was asked to pursue additional epidural injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg q6-8 hrs #60 MED 40: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 80.

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

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, and the cardinal criteria for continuation of opioid therapy include evidence 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 attending provider has not recounted any improvements in pain and/or function achieved as a result of ongoing usage of Norco. Therefore, the request for not medically necessary.