

Case Number:	CM14-0076767		
Date Assigned:	07/18/2014	Date of Injury:	04/02/2010
Decision Date:	11/24/2014	UR Denial Date:	05/13/2014
Priority:	Standard	Application Received:	05/27/2014

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 April 3, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy; a lumbar support; and opioid therapy. In a Utilization Review Report dated May 13, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In an April 18, 2014 progress note, the applicant reported 6/10 low back pain, reportedly well controlled with pain medications. The applicant was asked to continue working regular duty. The applicant was apparently able to perform long drives through usage of a back support. The applicant was given a shot of Toradol for an acute flare of low back pain. On May 7, 2014, Norco and Flector patches were apparently renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 10/325 mg, #120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91, 78-80, 124.

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 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 has reportedly achieved and maintained regular duty work status. Ongoing usage of Norco is attenuating the applicant pain complaints. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.