

Case Number:	CM14-0079512		
Date Assigned:	07/18/2014	Date of Injury:	08/20/2010
Decision Date:	09/23/2014	UR Denial Date:	05/22/2014
Priority:	Standard	Application Received:	05/30/2014

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 20, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; adjuvant medications; opioid therapy; earlier lumbar fusion surgery; 23% whole-person impairment rating; transfer of care to and from various providers in various specialties; and extensive periods of time off of work. In a Utilization Review Report dated May 27, 2014, the claims administrator approved a request for Lyrica while partially certifying a request for Norco, apparently for weaning purposes on the grounds that the applicant had failed to profit from the same. In an April 15, 2013 progress note, the applicant was described as receiving State Disability Insurance (SDI). The applicant was "unable to be gainfully employed," the attending provider stated. The applicant was permanent and stationary, it was further noted. The applicant reported that he could only walk with the aid of crutches and/or a cane. The applicant stated that his social life was limited secondary to pain. The applicant has difficulty travelling, he stated, and sleeping secondary to pain. The applicant's medication list included Lyrica, Norco, and Lunesta.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150 x3 refills: 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 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 is off of work. The applicant is receiving money both through the Workers' Compensation and State Disability Insurance (SDI) systems. The attending provider has not recounted any tangible improvements in function or decrements in pain achieved as a result of ongoing Norco usage. Therefore, the Norco 10/325mg #150 x3 refill is not medically necessary.