

Case Number:	CM14-0105526		
Date Assigned:	07/30/2014	Date of Injury:	07/12/1998
Decision Date:	07/02/2015	UR Denial Date:	07/01/2014
Priority:	Standard	Application Received:	07/08/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 70-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 12, 1998. In a Utilization Review report dated June 1, 2014, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a June 25, 2014 RFA form and associated June 2, 2014 progress note in its determination. The applicant attorney subsequently appealed. On October 3, 2014, the applicant reported ongoing complaints of low back pain. The applicant had been deemed "permanently disabled" it was acknowledged. 5/10 low back pain complaints were reported. The applicant was using Opana and Lunesta, as stated toward the top of the report. Opana was apparently renewed at the bottom of the report. On August 4, 2014, the applicant reported ongoing complaints of low back pain. The attending provider stated that the applicant's ability to perform activities of daily living, self-care, personal hygiene, and household chores have been ameliorated as a result of ongoing medication consumption. 5/10 pain complaints were reported. The applicant was using Norco and Opana. The applicant was using Norco at a rate of six tablets a day, it was suggested. The attending provider seemingly suggested that introduction of Opana could potentially diminish the applicant's need for Norco.

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 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid agent, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off work. The applicant had been deemed permanently disabled, as reported above. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider commented to the effect that the applicant's ability to perform household chores, self care and personal hygiene as well as ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.