

Case Number:	CM14-0189766		
Date Assigned:	11/20/2014	Date of Injury:	09/04/2012
Decision Date:	01/16/2015	UR Denial Date:	10/29/2014
Priority:	Standard	Application Received:	11/12/2014

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 September 4, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; earlier lumbar fusion surgery; opioid therapy; unspecified amounts of physical therapy; adjuvant medications; psychotropic medications; and extensive periods of time off of work. In a Utilization Review Report dated October 29, 2014, the claims administrator failed to approve a request for Norco. The claims administrator stated that its decision was based on a February 25, 2014 progress note. The applicant's attorney subsequently appealed. In a September 11, 2014 progress note, the applicant reported ongoing complaints of knee pain. The applicant stated that his knee had given way. Knee MRI imaging was sought to search for a meniscal tear. On April 16, 2014, the applicant reported multifocal complaints of low back, ankle, and knee pain with derivative complaints of bruxism and psychological stress. Lumbar MRI imaging and knee MRI imaging were sought while the applicant was kept off of work, on total temporary disability. On June 27, 2014, the applicant was described as having a severe pain crisis about the low back. The applicant was again kept off of work. Repeat lumbar fusion surgery and associated hospitalization were sought. On August 6, 2014, the applicant was again described as having a severe pain crisis with ongoing complaints of low back pain radiating to the bilateral lower extremities. The applicant was again kept off of work, on total temporary disability. There was no mention of medication efficacy on this date. On August 26, 2014, the applicant again reported persistent complaints of low back pain, reportedly severe, radiating to the bilateral lower extremities. The applicant was having a pain crisis, it was stated. There was no explicit discussion of medication efficacy. On September 25, 2014, the applicant reported persistent complaints of neck, low back, and knee pain. The applicant was in a pain crisis, it was stated.

The applicant was given refills of Norco, Prilosec, Naprosyn, and clonazepam and kept off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, criteria for use Page(s): 76.

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, on total temporary disability. The applicant is consistently described on multiple office visits, referenced above, as reporting various pain crises. Norco was refilled on several progress notes throughout 2014, referenced above, without any explicit discussion of medication efficacy. There was no mention of any material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.