

Case Number:	CM14-0190738		
Date Assigned:	11/24/2014	Date of Injury:	12/24/2001
Decision Date:	01/12/2015	UR Denial Date:	10/17/2014
Priority:	Standard	Application Received:	11/14/2014

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 pain syndrome reportedly associated with an industrial injury of December 24, 2001. In a Utilization Review Report dated October 17, 2014, the claims administrator partially approved a request for Norco as a one-month supply of the same, so as to afford the attending provider with an opportunity to wean or taper the applicant off of the drug or submit evidence of improvement. The claims administrator, it is incidentally noted, cited the now-outdated, now-renumbered MTUS 9792.20e in its report and further stated that its request was based on an October 8, 2014 progress note. The applicant's attorney subsequently appealed. In an October 8, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was asked to continue unspecified medications, which were refilled. Six sessions of physical therapy were endorsed. There was no explicit discussion of medication efficacy, although the attending provider stated that the applicant was reportedly doing well. In an earlier note dated December 10, 2014, the applicant was again described as reportedly improving following an SI joint injection. Unspecified medications and unspecified blood work were endorsed. The applicant's work status was not furnished. In an August 6, 2014 progress note, the applicant again reported persistent complaints of low back pain. SI joint injection therapy was sought. The applicant was given refills of Norco, Lunesta, topical Menthoderm, and omeprazole. Renal and hepatic functions were endorsed. The applicant's work status was not clearly stated. On July 9, 2014, the applicant again reported persistent complaints of low back pain status post an earlier hip injection. Norco and Lunesta were endorsed, along with laboratory testing. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with limitations in place. Once, again, there was no explicit discussion of medication efficacy. On June 17, 2014, the applicant reported persistent complaints of low back and hip

pain, exacerbated by standing, walking, and climbing, at times severe. The attending provider suggested that the applicant's medications were helping her but did not elaborate or expound upon the nature of the same. A hip corticosteroid injection was performed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325mg #180, (DOS: 10/8/14): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Opioids

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 California 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 does not appear to be working with permanent limitations in place while the attending provider stated on several occasions that medication consumption had proven beneficial, the attending provider did elaborate or expound upon what benefits had been achieved as a result of ongoing medication usage. The attending provider did not outline any specific activities of daily living which have been ameliorated as a result of ongoing usage, nor did the attending provider outline any quantifiable decrements in pain achieved as a result of the same. Therefore, the request was not medically necessary.