

Case Number:	CM14-0195974		
Date Assigned:	12/03/2014	Date of Injury:	08/11/2003
Decision Date:	01/22/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/24/2014

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 and neck pain reportedly associated with an industrial injury of August 11, 2013. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier lumbar fusion surgery; earlier cervical fusion surgery; anxiolytic medications; cervical collar; and transfer of care to and from various providers in various specialties. In a Utilization Review Report dated September 27, 2014, the claims administrator denied a request while approving request for Celebrex. The claims administrator stated that its decision was based on a historical Utilization Review Report dated February 18, 2014, and RFA form dated October 15, 2014, and progress note dated September 9, 2014. The applicant's attorney subsequently appealed. On July 15, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was on Norco and Zanaflex. Surgical incision lines associated with the fusion were noted. Norco and Celebrex were endorsed. The attending provider stated that the applicant's Norco was decreasing pain and improving function. This was not elaborated or expounded upon. This was not quantified. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with permanent limitations in place. On September 9, 2014, the applicant reported ongoing complaints of neck and low back pain. The applicant was pending non-industrial total knee arthroplasty. The applicant was still using Norco and Zanaflex for pain purposes. There was no discussion of medication efficacy on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 # 160 2 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 does not appear to be working with permanent limitations in place. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.