

Case Number:	CM14-0197050		
Date Assigned:	12/05/2014	Date of Injury:	03/14/2002
Decision Date:	01/22/2015	UR Denial Date:	10/29/2014
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 pain reportedly associated with an industrial injury of March 14, 2002. In a Utilization Review Report dated October 29, 2014, the claims administrator partially approved a request for Norco, denied another request for Norco outright, and denied a third request for Norco outright. The claims administrator stated that its decisions were based on an October 17, 2014 progress note. On that date, the applicant reported highly rated pain complaints ranging from 5 to 9/10, it was noted. The claims administrator did not outline the applicant's work status, but seemingly issued one partial approval for tapering or weaning purposes. In a November 5, 2014 medical-legal evaluation, it was stated that the applicant was off of work owing to ongoing complaints of low back pain. The applicant had a history of prior lumbar laminectomy, it was acknowledged. In an October 17, 2014 progress note, the applicant reported ongoing complaints of low back pain with attendant insomnia. The applicant stated that her pain complaints would range from 5 to 9/10. The applicant stated that her medications were providing good pain relief, and were reportedly adequate. The applicant reported multifocal shoulder, neck, and back pain complaints. The applicant was reportedly "disabled" as suggested in the social history section of the note. The applicant was using Desyrel, Elavil, Flexor, and Norco; it was stated in another section of the note. The applicant denied any marijuana use or illicit drug use. The applicant did have a history of both cervical and lumbar spine surgery. The applicant was described as obese in one section of the note, while another section of the note stated that the applicant's BMI was within normal limits, at 24. Norco was refilled. The attending provider stated that he had reviewed guidelines for opioid prescription with the applicant. In an earlier note dated August 12, 2014, the applicant reported 10/10 neck pain. The applicant was once again described as off of work and "disabled" in the social history section of the note. Ongoing multifocal pain complaints were

noted, principally about the neck and low back. The applicant's medication list included Celebrex, Desyrel, Elavil, Norco, and Flexeril. Multiple medications were refilled, including the Norco at issue.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use of Opioids, and Hydrocodone/Acetaminophe.

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 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, the applicant is off of work. The applicant has been deemed disabled. The applicant is apparently collecting both workers' compensation indemnity benefits and disability insurance benefits. While the attending provider noted on one occasion that the applicant's pain complaints were successfully attenuated with ongoing medication consumption, this is, however, outweighed by the applicant's failure to return to the work and the attending provider's failure to outline any meaningful improvements in function achieved as a result of ongoing opioid therapy. Furthermore, on August 12, 2014, the applicant was described as exhibiting 10/10, severe neck and back pain with reportedly heightened pain and worsened functionality. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

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Furthermore, on August 12, 2014, the applicant was described as exhibiting 10/10, severe neck and back pain with reportedly heightened pain and worsened functionality. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.

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