

Case Number:	CM14-0199033		
Date Assigned:	12/09/2014	Date of Injury:	04/22/2005
Decision Date:	02/11/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	11/26/2014

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, asthma, depression, anxiety, and an umbilical hernia reportedly associated with an industrial injury of April 22, 2005. In a Utilization Review Report dated November 19, 2014, the claims administrator failed to approve a request for Norco. Progress note of October 7, 2014 and associated RFA form of October 15, 2014 were referenced. On said October 7, 2014 progress note, the applicant reported persistent complaints of low back pain, 8/10 without medications versus 4/10 with medications. The attending provider stated that the applicant was still not able to do any housework, but stated that he would try to go the gym. The attending provider stated that the applicant was not very active in terms of walking and home exercises. The applicant's medication list included Neurontin, Prilosec, Norco, Zolof, Ambien, Albuterol, Singulair, Zestril, insulin, Plavix, Norvasc, and Colace. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In a November 4, 2014 progress note, the applicant was using a cane to move about. The applicant was severely obese. The attending provider stated that the applicant's pain medications were attenuating his pain complaints and that the applicant had been on Norco since 2007. The attending provider stated that the applicant would be sedentary without his medications and would reportedly be unable to watch his grandchildren without his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80 and 91.

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was/is off of work. Permanent work restrictions remain in place, seemingly unchanged, from visit to visit, despite ongoing usage of Norco. While the attending provider did report some reduction in pain scores from 8/10 to 4/10 with medications, these are, however, outweighed by the applicant's failure to return to work, the renewal of permanent work restrictions from visit to visit, and the attending provider's continued comments to the effect that the applicant is a largely sedentary individual who uses a cane to move about. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy, as the attending provider seemingly failed to outline any meaningful improvements in functions achieved as a result of the same. Therefore, the request was not medically necessary.