

Case Number:	CM14-0203945		
Date Assigned:	12/16/2014	Date of Injury:	03/02/2011
Decision Date:	02/11/2015	UR Denial Date:	10/28/2014
Priority:	Standard	Application Received:	12/05/2014

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 2, 2011. In a Utilization Review Report dated October 28, 2014, the claims administrator failed to approve a request for Norco. The claims administrator suggested that the applicant was using Norco and Percocet concurrently. A progress note dated September 15, 2014 was referenced in the determination. The applicant's attorney subsequently appealed. The applicant received an epidural steroid injection on June 26, 2014. On August 18, 2014, the applicant reported 4-7/10 low back pain with associated paresthesias, heightened as a result of standing and walking activities. The applicant's medications included Ambien, Celebrex, Provigil, Percocet, Norco, and Lyrica. Multiple medications were refilled, including 30 tablets of Lyrica, 30 tablets of Norco, 10 tablets of Percocet, 30 tablets of Provigil, 30 tablets of Celebrex, and 30 tablets of Ambien. The applicant's work status was not clearly stated. There was no explicit discussion of medication efficacy. Authorization was sought for hip trochanteric bursa injection on August 20, 2014. On May 20, 2014, the applicant reported 9/10 pain without medications in one section of the note. The applicant had reportedly exhausted his supply of medications, it was stated. Lyrica, Norco, Percocet, and Celebrex were endorsed. The applicant's work status, once again, was not clearly outlined. The applicant had received extensive cognitive behavioral therapy over the course of the claim, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; When to Continue Opioids and ongoing Management Page(s): 80; 78.

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. Here, however, the applicant's work status was not clearly outlined on any of several progress notes, referenced above, suggesting that the applicant was not in fact working. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing Norco usage likewise failed to make a compelling case for continuation of the same. Furthermore, the attending provider did not furnish much in the way of a compelling rationale for provision of two separate short-acting opioids, Norco and Percocet. Usage of two separate short-acting opioids runs counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids needed to improve pain and function. Therefore, the request was not medically necessary.