

Case Number:	CM14-0207486		
Date Assigned:	12/19/2014	Date of Injury:	08/03/2011
Decision Date:	02/17/2015	UR Denial Date:	12/02/2014
Priority:	Standard	Application Received:	12/11/2014

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 August 3, 2011. In a Utilization Review Report dated December 2, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated December 10, 2014, the applicant reported 8/10 low back pain. The applicant stated that Norco was providing him with temporary symptomatic relief. The applicant apparently had electrodiagnostically-confirmed lumbar radiculopathy, per EMG testing of February 10, 2012. The applicant did exhibit a visibly antalgic gait in the clinic setting. Norco was refilled. The applicant was asked to continue Pepcid and unspecified topical medications. An epidural steroid injection was endorsed, along with eight sessions of aquatic therapy. The applicant was off of work, on disability, it was incidentally noted.

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 #40: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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, the injured worker was/is off of work which was acknowledged on a December 18, 2014 progress note. While the attending provider stated that the injured worker's usage of Norco was providing him with temporary symptomatic relief, this was not quantified. In addition, the attending provider failed to outline improvements in function achieved as a result of ongoing medication consumption, including ongoing Norco. Therefore, this request is not medically necessary.