

Case Number:	CM14-0208974		
Date Assigned:	12/22/2014	Date of Injury:	12/01/2003
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Texas, Ohio, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 knee pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of December 1, 2003. In a Utilization Review Report dated November 24, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced an October 30, 2014 progress note in the determination. The applicant's attorney subsequently appealed. In a progress note dated December 12, 2014, the applicant reported ongoing complaints of low back pain, knee pain, anxiety, and psychological stress. Ultram and Norco were refilled. The applicant's permanent work restrictions were renewed. 8/10 multifocal knee, low back, and shoulder pain were reported. The applicant was not working with the aforementioned permanent limitations in place, it was acknowledged. No explicit discussion of medication efficacy took place. In an earlier note dated October 30, 2014, the applicant reported ongoing complaints of low back pain, burning in nature. The applicant was using a variety of medications for comorbid anxiety, depression, dyslipidemia, and hypertension. The applicant was using Norco as of this point, it was acknowledged. The attending provider stated that the applicant was using Butrans patches in addition to Norco and tramadol. Naproxen, Ultram, and Norco were ultimately refilled, along with the applicant's permanent work restrictions.

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 Opioids Page(s): 79-81.

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. Here, however, the applicant was/is off of work. Permanent work restrictions remained in place, unchanged, from visit to visit. The applicant continues to report pain complaints as high as 8/10, despite ongoing Norco usage. The attending provider has failed to outline any meaningful or material improvements in function achieved as a result of ongoing opioid therapy, including ongoing Norco usage. Therefore, the request was not medically necessary.