

Case Number:	CM15-0000960		
Date Assigned:	01/12/2015	Date of Injury:	08/23/2012
Decision Date:	03/16/2015	UR Denial Date:	12/24/2014
Priority:	Standard	Application Received:	01/05/2015

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 56-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of August 23, 2012. In a Utilization Review Report dated December 24, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note and RFA form of December 3, 2014 in its determination. The claims administrator invoked a variety of MTUS and non-MTUS guidelines in its determination. The applicant's attorney subsequently appealed. In an August 6, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the left leg. The applicant's work status was not detailed. The applicant was using Vicodin and Motrin for pain control, it was noted. Epidural steroid injection therapy was stopped. It was stated that applicant might ultimately require lumbar spine surgery. In a progress note dated September 4, 2014, the applicant reported persistent complaints of low back pain and left knee pain. The applicant's work status was not clearly detailed. The applicant is apparently considering knee surgery. Medications selection and/or medication efficacy were not detailed. On October 16, 2014, the applicant again reported persistent complaints of low back and knee pain. The applicant's work status was not detailed. Medications selection and/or medications efficacy were not discussed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 81. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: The request for Norco 10/325m #120, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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, the applicant's work status was not discussed or detailed in several progress notes, referenced above. The applicant's response to ongoing usage of Norco was likewise not detailed on several progress notes, referenced above. The attending provider's progress note failed to outline any quantifiable decrements in pain and/or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.