

Case Number:	CM15-0009174		
Date Assigned:	01/27/2015	Date of Injury:	07/18/2011
Decision Date:	03/17/2015	UR Denial Date:	12/17/2014
Priority:	Standard	Application Received:	01/15/2015

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 injured worker is a 32 year old male who sustained an industrial injury reported on 7/18/2011. He has reported continued complaints. The diagnoses have included lumbar 4-5 & lumbar 5 - sacral 1 disc protrusions without herniation or nerve root displacement; thoracic & lumbosacral neuritis; sacrum disorders; acquired spondylolithiasis; pain joint pelvis and thigh; and intervertebral disc with lumbar myelopathy. Treatments to date have included consultations; diagnostic imaging studies; electromyogram and nerve conduction studies (8/12/14); work restrictions; physical therapy; lumbar epidural steroid injection therapy and sacroiliac (SI) joint injections; and medication management. The work status classification for this injured worker (IW) was noted to be temporarily totally disabled and not working. It was noted that the same type of injury also occurred on 4/26/2011. The 11/26/2014 Spine Institute notes state no subjective complaints, and the treatment plan included a final right, diagnostic, SI joint injection; physical therapy and home exercise program, and noted that no medications were needed at that time. On 12/17/2014 Utilization Review (UR) modified, for medical necessity, the request made on 12/9/2014, for Norco 10/325mg #180 - to #160 for the purpose of weaning off over 3 - 4 months. The Medical Treatment Utilization Schedule and American College of Occupational and Environmental Medicine, occupational medical practice guidelines, chronic pain medical treatment guidelines, criteria for opioids, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325 mg quantity 180: Upheld

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

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

Decision rationale: The applicant is a represented [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of July 18, 2011. In a Utilization Review Report dated December 17, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note of November 6, 2014 in its determination. The claims administrator suggested that the applicant was off of work. A variety of MTUS and non-MTUS guidelines were invoked, including Chapter 6 ACOEM Guidelines, which the claims administrator mislabeled as originating from the MTUS. The applicant's attorney subsequently appealed. In an RFA form of December 5, 2014, the applicant was given prescriptions for Norco, Flexeril, and tramadol. In a progress note dated November 6, 2014, the applicant reported ongoing complaints of low back pain. The applicant's medication list included Naprosyn, Norco, Flexeril, Prilosec, and tramadol, it was stated. The applicant was placed off of work, on total temporary disability, for six weeks. The applicant was asked to follow up in a month. A sacroiliac joint injection was endorsed. No discussion of medication efficacy transpired on this date. Similarly, in a September 4, 2014 progress note, the applicant reported persistent complaints of low back pain radiating to the right leg. The applicant was status post a sacroiliac joint injection. A sacroiliac joint fusion was proposed. The applicant's medication list included tramadol, Flexeril, Prilosec, Norco, and Naprosyn, it was again noted. Once again, however, no discussion of medication efficacy transpired. REFERRAL QUESTIONS: 1. Decision for Norco tab 10/325 mg, quantity 180: No, the request for Norco, 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 include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant was/is off of work, on total temporary disability, despite ongoing usage of Norco. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage in several progress notes, referenced above. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.