

Case Number:	CM15-0009951		
Date Assigned:	01/27/2015	Date of Injury:	04/11/2003
Decision Date:	03/19/2015	UR Denial Date:	12/12/2014
Priority:	Standard	Application Received:	01/16/2015

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, New York, 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 male who sustained an industrial related injury on 4/11/03. The injured worker had complaints of low back pain and right gluteal pain that radiated down bilateral legs with numbness in the right leg. Prescriptions included Norco and Gralise. Diagnoses included chronic low back pain, lumbar fusion, lumbar radiculopathy, chronic thoracic spine pain, and bilateral carpal tunnel syndrome status post-surgical release in the right hand. Treatment included physical therapy. The treating physician requested authorization for Norco 7.5/325mg #60. On 12/12/14, the request was modified to a quantity of 45. The utilization review physician cited the Medical Treatment Utilization Schedule guidelines and noted there was no evidence of quantifiable improvement in function subsequent to long-term Norco use. Modification was recommended for tapering.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/3.25mg quantity 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 ? 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

Decision rationale: 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, however, the applicant was/is off of work. The applicant had not worked since 2003, it was acknowledged, despite ongoing Norco usage. The attending provider's progress notes failed to establish the presence of any significant reductions in pain effected as a result of ongoing Norco usage. The applicant's commented to the effect that he would be ridden without his medications does not, in and of itself, constitute evidence of substantive or meaningful improvement effected as a result of the same. Therefore, the request was not medically necessary.