

Case Number:	CM15-0108377		
Date Assigned:	06/15/2015	Date of Injury:	08/03/2011
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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, 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 applicant is a represented 43-year-old who has filed a claim for chronic low back pain (LBP) with derivative complaints of depression, anxiety, and somatoform disorder reportedly associated with an industrial injury of August 3, 2011. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on May 12, 2015 in its determination. The applicant's attorney subsequently appealed. On March 21, 2015, the applicant reported ongoing complaints of low back pain, 10/10 pain. The applicant was worsened, it was reported. The applicant had tried Neurontin, manipulative therapy, and Cymbalta without relief, it was reported. A pain management referral and a neurology referral were both endorsed. The applicant's work status was not detailed. Medication selection or medication efficacy were not detailed or discussed. In a medical-legal evaluation dated March 11, 2015, it was acknowledged that the applicant was off of work, on total temporary disability. The medical-legal evaluator maintained that the applicant was not able to return to work. Medication selection or medication efficacy were not explicitly discussed or detailed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 MG #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): 80.

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 off of work, on total temporary disability, both the applicant's primary treating provider (PTP) and a medical-legal evaluator noted in early 2015. The applicant reported 10/10 pain complaints on office visit of March 21, 2015. It did not appear that ongoing usage of Norco was proving particularly effectual, in short. Therefore, the request was not medically necessary.