

Case Number:	CM15-0134992		
Date Assigned:	07/23/2015	Date of Injury:	12/15/1999
Decision Date:	08/25/2015	UR Denial Date:	06/23/2015
Priority:	Standard	Application Received:	07/13/2015

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 63-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of December 15, 1999. In a Utilization Review report dated June 23, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced progress notes of May 19, 2015 and April 21, 2015 in its determination. The claims administrator did not state what (if any) guidelines were being invoked in the determination. The applicant's attorney subsequently appealed. On June 23, 2015, the applicant reported ongoing complaints of neck and low back pain with ancillary complaints of upper and lower extremity paresthesias. The applicant exhibited a guarded and slow gait. Norco and Prilosec were endorsed, seemingly without any discussion of medication efficacy. The applicant's work status was not furnished. On May 19, 2015, the applicant reported heightened complaints of neck and low back pain, at times severe. Norco and Prilosec were again endorsed, seemingly without any discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Official Disability 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's work status was not reported on office visits of May 19, 2015 or June 23, 2015. The applicant's pain complaints, however, were scored as moderate or greater on those dates. The applicant's pain complaints were described as heightened on those dates. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.