MAXIMUS Federal Services

Case Number:	CM15-0137932		
Date Assigned:	07/27/2015	Date of Injury:	06/03/2014
Decision Date:	08/27/2015	UR Denial Date:	07/13/2015
Priority:	Standard	Application Received:	07/16/2015

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 applicant is a represented 41-year-old who has filed a claim for chronic mid back pain reportedly associated with an industrial injury of August 3, 2014. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for Norco. A partial approval was apparently issued. An April 18, 2015 progress note was referenced in the determination. On April 18, 2015, the applicant was placed off of work, on total temporary disability. Multifocal complaints of neck, mid back, and low back pain were reported. 5-7/10 pain complaints were reported. Norco, naproxen, and Soma were continued and/or renewed, seemingly without much discussion of medication efficacy. The attending provider stated that the applicant had been off of work for several months, since November 2014.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, QTY: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management; Weaning of Medications Page(s): 94-95.

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, is 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, as reported above. The applicant had been off of work since November 2014. The April 18, 2015 progress note failed to outline quantifiable decrements in pain or meaningful, material improvement in function (if any) effected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.