MAXIMUS Federal Services

Case Number:	CM15-0140249		
Date Assigned:	07/30/2015	Date of Injury:	07/01/1992
Decision Date:	09/02/2015	UR Denial Date:	06/25/2015
Priority:	Standard	Application Received:	07/20/2015

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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 1, 1992. In a Utilization Review report dated June 25, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a June 10, 2015 office visit in its determination and incidentally noted that the applicant had undergone earlier lumbar spine surgery on February 4, 2015. The applicant's attorney subsequently appealed. In a handwritten RFA form dated June 17, 2015, Norco, fentanyl, and physical therapy were sought. In an associated progress note of June 10, 2015, difficult to follow, handwritten, not entirely legible, the applicant reported ongoing complaints of low back pain, 6/10 with pain medications. The attending provider stated that the applicant's pain complaints were helping his pain and activities of daily living but did not elaborate further. Physical therapy, fentanyl, and Duragesic were endorsed. The applicant's work status was not detailed. On May 13, 2015, Norco, Soma, Duragesic, and urine drug testing were endorsed for ongoing complaints of low back pain, scored at 5/10 with medications. Once again, the attending provider stated that the applicant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list, Hydrocodone/Acetaminophen; Opioids, criteria for use; Opioid hyperalgesia; Opioids, dosing.

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's work status was not clearly reported on handwritten progress note of June 10, 2015 and May 13, 2015. While the attending provider stated that the applicant's medications were beneficial on those dates, these reports were, however, outweighed by the attending provider's failure to identify meaningful or material functions ameliorated as a result of ongoing medication consumption (if any) and the attending provider's failure to clearly report the applicant's work status. Therefore, the request is not medically necessary.