

Case Number:	CM15-0143724		
Date Assigned:	08/04/2015	Date of Injury:	11/08/2006
Decision Date:	09/02/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/24/2015

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 [REDACTED] beneficiary, who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 8, 2006. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for Norco. The partial approval was issued, it was incidentally noted. The claims administrator referenced a June 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said June 8, 2015 progress note, the applicant reported ongoing complaints of low back pain status post his third epidural steroid injection. The applicant was placed off of work, on total temporary disability. Norco, Motrin, and Prilosec were renewed, 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 5/325mg #84: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80.

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 because of the same. Here, however, the applicant was off of work, on total temporary disability, it was reported on June 8, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected because of the ongoing usage on that date. Therefore, the request was not medically necessary.