

Case Number:	CM15-0145879		
Date Assigned:	08/06/2015	Date of Injury:	11/16/2012
Decision Date:	09/10/2015	UR Denial Date:	07/14/2015
Priority:	Standard	Application Received:	07/27/2015

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 38-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 16, 2012. In a Utilization Review report dated July 14, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on July 6, 2015 in its determination, along with an associated progress note of June 29, 2015. The applicant's attorney subsequently appealed. In an appeal letter dated July 9, 2015, the attending provider reiterated his request for Norco. The attending provider contended that the applicant was working part time. The attending provider contended that the applicant's ability to walk, do dishes, take care of his child, and perform light laundry had all been ameliorated as a result of ongoing medication consumption. The attending provider contended that the applicant was only using 80 morphine equivalents daily. On June 2, 2015, the attending provider reported pain complaints as high as 8/10 without medications versus 6/10 with medications. The applicant was using Norco at a rate of eight tablets daily, along with Neurontin, Motrin, and Elavil, it was reported. Norco and work restrictions were renewed. The applicant had received an epidural steroid injection, it was reported. On June 29, 2015, the attending provider stated that the applicant's pain scores were reduced from 9/10 without medications to 5/10 with medications. The attending provider contended that Norco was facilitating his remaining active. Norco, Neurontin, and Motrin were renewed and/or continued. The applicant had derivative depressive issues. A 20-pound lifting limitation was imposed. It was not explicitly stated whether the applicant was or was not working on this date. On May 12, 2015, the attending provider maintained that the applicant's medication regimen was allowing her work on a part-time basis.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #240: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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 had reportedly returned to work on a part-time basis, it was reported on a progress note of May 12, 2015 and on an appeal letter of July 9, 2015. On said appeal letter of July 9, 2015, the treating provider maintained that the applicant's ability to perform household chores, perform light laundry, take care of his child, walk, and work part-time had all been ameliorated as a result of ongoing Norco usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.

1 prescription of Norco 10/325mg #240 DNF until 7/29/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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 had reportedly returned to work on a part-time basis, it was reported on a progress note of May 12, 2015 and on an appeal letter of July 9, 2015. On said appeal letter of July 9, 2015, the treating provider maintained that the applicant's ability to perform household chores, perform light laundry, take care of his child, walk, and work part-time had all been ameliorated as a result of ongoing Norco usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.