

Case Number:	CM15-0161553		
Date Assigned:	08/27/2015	Date of Injury:	07/13/2005
Decision Date:	10/15/2015	UR Denial Date:	07/20/2015
Priority:	Standard	Application Received:	08/17/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 13, 2005. In a Utilization Review report dated July 20, 2015, the claims administrator failed to approve a request for Norco. Lyrica, conversely, was approved. The claims administrator referenced a July 8, 2015 progress note in its determination. On August 12, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery and status post earlier failed lumbar disk replacement surgery. Norco, Lyrica, and Flexeril were endorsed. Additional acupuncture was sought. Moderate-to-severe, constant pain complaints were reported. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. Little-to-no seeming discussion of medication efficacy transpired. On June 4, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs, left greater than right. The applicant reported pain complaints attributed to cumulative trauma at work. The applicant was using Norco at a rate of seven times a day and Valium at a rate of two times a day, it was reported. Once again, the applicant's work status was not explicitly detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #210: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 an office visit of June 4, 2015 and August 12, 2015. Constant, moderate-to-severe pain complaints were reported on August 12, 2015. 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 on that date. Therefore, the request was not medically necessary.