

Case Number:	CM15-0163158		
Date Assigned:	08/31/2015	Date of Injury:	12/12/2006
Decision Date:	10/06/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	08/19/2015

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 low back pain (LBP) reportedly associated with an industrial injury of December 12, 2013. In a Utilization Review report dated August 17, 2015, the claims administrator partially approved a request for Norco. An August 5, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On August 5, 2015, the applicant reported ongoing complaints of low back pain, 6/10. The applicant was not working, it was acknowledged. The applicant had developed derivative complaints of depression, psychological stress, and insomnia, it was reported. Pamelor and Norco were endorsed with "no change" in the applicant's permanent disability. 8-9/10 pain complaints without medications versus 5-6/10 with medications were reported. The attending provider contended that the applicant's ability to perform unspecified amounts of cooking, doing dishes, bathing, and self-care had been ameliorated as a result of ongoing medication consumption but did not elaborate further. The note comprised, in a large part, of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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: 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 was off of work, it was acknowledged on August 5, 2015. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to perform bathing, self-care, and doing dishes in unspecified amounts as a result of ongoing medication consumption did not constitute evidence of a material improvement in function sufficient to justify continued usage of Norco. Therefore, the request was not medically necessary.