

Case Number:	CM15-0163297		
Date Assigned:	08/31/2015	Date of Injury:	07/11/2014
Decision Date:	10/06/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/20/2015

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 28-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 11, 2014. In a Utilization Review report dated August 7, 2015, the claims administrator failed to approve a request for Norco. An RFA form of July 29, 2015 and an associated progress note of July 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On June 20, 2015, the applicant reported ongoing complaints of low back pain. Tramadol was renewed. Lidoderm patches were introduced. No seeming discussion of medication efficacy transpired. In a May 6, 2015 Medical-legal Evaluation, it was acknowledged that the applicant was off of work, on total temporary disability. The claims administrator's medical evidence log suggested that the June 20, 2015 progress note represented the most recent note on file; thus, the July 7, 2015 progress note seemingly made available to the claims administrator was not incorporated into the IMR packet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #360 (1 tab PO BID 30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-Hydrocodone, Weaning of Medications Page(s): 91-94.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management Page(s): 78.

Decision rationale: No, the request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, a clear rationale for concomitant use of two separate short-acting opioids, Norco and Tramadol was not furnished. The July 7, 2015 progress note, on which Norco was prescribed, however, was not incorporated into the IMR packet. A clear rationale for introduction of Norco was not seemingly furnished. Therefore, the request is not medically necessary.