

Case Number:	CM15-0163640		
Date Assigned:	08/31/2015	Date of Injury:	06/30/2010
Decision Date:	10/09/2015	UR Denial Date:	08/13/2015
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 57-year-old who has filed a claim for chronic mid and low back pain with derivative complaints of depression reportedly associated with an industrial injury of June 30, 2010. In a Utilization Review report dated August 13, 2015, the claims administrator failed to approve a request for Norco while apparently approving a psychiatric consultation. The claims administrator referenced an August 10, 2015 RFA form and an associated progress note of August 7, 2015 in its determination. The applicant's attorney subsequently appealed. On August 7, 2015, the applicant reported ongoing complaints of debilitating low back, hip, and leg pain, 7/10. Activities as basic as weightbearing and sitting remained problematic, the treating provider contended. The applicant was asked to consider a spinal cord stimulator trial. The applicant was using Norco four times daily, Robaxin daily, and Pamelor three to four times nightly, it was reported. Permanent work restrictions were renewed. The attending provider contended that the applicant's ability to sleep had been ameliorated as a result of ongoing medication consumption. It was acknowledged that the applicant was not working with permanent restrictions in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60 with 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 7, 2015. The applicant was not working with permanent limitations in place, it was reported on that date. Pain complaints as high as 7/10 were reported, despite ongoing Norco usage. The attending provider contended that the applicant's pain complaints were debilitating and were apparently impacting the applicant's ability to perform activities as basic as sitting and walking. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.