

Case Number:	CM15-0166474		
Date Assigned:	09/04/2015	Date of Injury:	03/09/2004
Decision Date:	10/13/2015	UR Denial Date:	08/12/2015
Priority:	Standard	Application Received:	08/25/2015

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 [REDACTED] ([REDACTED]) beneficiary who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of March 9, 2004. In a Utilization Review report dated August 4, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a July 30, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said July 30, 2015 progress note, the applicant reported ongoing complaints of neck and low back pain. The applicant was tolerating work despite ongoing pain complaints, it was reported. 8/10 pain without medications versus 4/10 with medications was reported. The attending provider contended that the applicant's medications were ameliorating the ability to perform home exercises and perform activities of daily living. The applicant was using Norco at a rate of 4 times daily and Soma at a rate of three times daily, it was reported. Norco was renewed. A subsequent note dated August 26, 2015 was also notable for commentary that the applicant was in fact working, despite ongoing pain complaints, at a rate of 32 hours a week. The applicant did report a recent flare in pain complaints on that date. The attending provider again maintained that Norco was ameliorating the applicant's pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Noro 10/325mg #90: Overturned

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: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. As noted on page 80 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 because of the same. Here, the applicant had returned to work, it was acknowledged on July 30, 2015 office visit at issue. The applicant was working at a rate of 32 hours a week; it was stated on August 26, 2015. 8/10 pain without medications was reported on July 30, 2015 versus 4/10 pain with medications. The attending provider contended that the applicant's ability to perform home exercises had been ameliorated as a result of ongoing medication consumption, including ongoing Norco consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.