

Case Number:	CM15-0166483		
Date Assigned:	09/04/2015	Date of Injury:	09/01/2008
Decision Date:	10/13/2015	UR Denial Date:	08/17/2015
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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 1, 2008. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for Norco. The claims administrator cited an August 5, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On said August 5, 2015 progress note, the applicant reported ongoing complaints of low back pain with derivative complaints of deconditioning, lower extremity radicular pain complaints, and weight gain. The note was very difficult to follow as it mingled historical issues with current issues. Norco, Cymbalta, Klonopin, and Nuvigil were renewed. The applicant's permanent work restrictions imposed by the medical- legal evaluator were likewise renewed. The attending provider suggested that the applicant was not working, noting that the applicant presented to follow up on "pain and disability" associated with his industrial injury. 4/10 pain complaints were noted in one section of the note. The attending provider stated that the applicant's pain medications were reducing his pain by 90%. The applicant was described as "severely disabled" in another section of note and was apparently having difficulty ambulating, it was reiterated throughout the report.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg 1 tablet PO every 3 hours quantity of #240: 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 was off of work and had been deemed 'severely disabled' it was reported on August 5, 2015. The applicant was having difficulty performing activities as basic as standing and walking, it was reported on that date. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as result of ongoing Norco usage. Therefore, the request is not medically necessary.