

Case Number:	CM15-0183609		
Date Assigned:	09/24/2015	Date of Injury:	07/21/2015
Decision Date:	11/06/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/18/2015

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] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury. The date of injury was stated as July 21, 1967 on the IMR application and stated as April 22, 1990 on a September 18, 2015 letter issued by the applicant's attorney. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for Norco apparently prescribed on August 13, 2015. The applicant's attorney subsequently appealed. On August 30, 2015, the applicant reported ongoing complaints of low back pain, 8/10 with medications versus 9/10 pain without medications. The applicant reported difficulty bending, sitting, standing, twisting, walking, and lifting, it was reported. The applicant had received recent epidural steroid injection. The applicant was not working, it was acknowledged. The applicant was asked to continue a variety of analgesic and adjuvant medications to include Norco, MS Contin, Lyrica, Elavil, Prilosec, Flonase, benazepril, and Lopressor. The attending provider acknowledged that the applicant's pain complaints were generating limitations in terms of self-care, personal hygiene, ambulating, sleep, and hand function.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #60: 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, is 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 30, 2015. Activities of daily living as basic as sleep, hand function, standing and walking, personal hygiene, and self-care remained problematic, it was acknowledged on that date. The applicant still reported pain complaints as high as 8/10, despite ongoing Norco usage. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit from ongoing Norco usage in terms of parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.