

Case Number:	CM15-0185029		
Date Assigned:	09/25/2015	Date of Injury:	02/25/2000
Decision Date:	11/06/2015	UR Denial Date:	09/15/2015
Priority:	Standard	Application Received:	09/21/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 25, 2000. In a Utilization Review report dated September 15, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 1, 2015, the applicant reported ongoing complaints of low back pain, highly variable, 5 to 7/10. The applicant's medications included Norco, Duragesic, Baclofen, Elavil, and Biofreeze gel, it was reported. The attending provider contended that the applicant's medications were beneficial and reportedly ameliorated the applicant's ability to perform household tasks, sit, and stand, and walk in unspecified amounts. The applicant had undergone earlier failed spine surgery, it was reported. The applicant exhibited visibly antalgic gait in the clinic. Duragesic and Norco were renewed. The applicant's work status was not detailed. The attending provider stated in one section of the note that the applicant would not be able to drive, perform household chores, prepare meals, and/or get up out of bed without his medications. A medical-legal evaluator opined in a report dated May 27, 2015 that the applicant was permanent and stationary. Once again, it was not specifically stated whether the applicant was or not working, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 1 PO Q 8 hrs PRN BTP #90: Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and 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's work status was not reported on the September 1, 2015 office visit at issue, suggesting the applicant was not working with permanent limitations imposed by a medical-legal evaluator on May 27, 2015 in place. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to clearly report the applicant's work status, and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant would be bedridden without his medications and/or unable to prepare meals or perform household chores without his medications did not, in and of itself, constitute evidence of a meaningful or material improvement in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.