

Case Number:	CM15-0185079		
Date Assigned:	09/25/2015	Date of Injury:	01/05/1995
Decision Date:	11/06/2015	UR Denial Date:	09/08/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 5, 1995. In a Utilization Review report dated September 8, 2015, the claims administrator failed to approve a request for Norco. An August 31, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On August 31, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The treating provider contended that the applicant was working full-time without restrictions. Both Duragesic and Norco were refilled. The note was difficult to follow and somewhat sparsely and thinly developed, and did not seemingly incorporate any explicit discussion of medications efficacy. On January 22, 2015, the applicant reported ongoing complaints of low back pain. Once again, no seeming discussion of medication efficacy transpired. The applicant was returned to regular duty work and asked to consult neurosurgery.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 120 with 3 Refills: 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, while the applicant was seemingly returned to regular duty work, handwritten progress notes of August 31, 2015 and January 26, 2015 were thinly and sparsely developed, difficult to follow, and did not contain any implicit or explicit discussion of medication efficacy. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function affected because of ongoing Norco usage. Therefore, the request was not medically necessary.