

Case Number:	CM15-0196583		
Date Assigned:	10/12/2015	Date of Injury:	12/31/2007
Decision Date:	11/30/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	10/06/2015

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 December 31, 2000. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for Norco while apparently approving a request for Neurontin. An August 27, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. On an RFA form dated August 25, 2015, Norco and Neurontin were endorsed. On an associated progress note dated August 25, 2015, the applicant's permanent work restrictions were renewed. The attending provider stated that the applicant was currently employed and that the applicant was working on a part-time basis as a seasonal employee in the agricultural industry. The attending provider contended that the applicant was deriving 4 to 6/10 with 50% reduction in pain scores from ongoing medication consumption, also contended that Neurontin was attenuating the applicant's issues with lower extremity paresthesias. The applicant also had issues with renal failure, who had apparently required dialysis, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10/325mg, take 1 by mouth every 4 hours #180 (DOS: 8/27/15): Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use, Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids for chronic pain.

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 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, the applicant had returned to part-time work as seasonal agricultural worker, the treating provider contended on August 27, 2015. The combination of Norco and Neurontin was attenuating his pain complaints by 40-50% and also reducing the applicant's pain complaints. Continue the same, on balance was indicated. Therefore, the request was medically necessary.