MAXIMUS Federal Services

Case Number:	CM15-0196610		
Date Assigned:	10/12/2015	Date of Injury:	12/15/2006
Decision Date:	11/30/2015	UR Denial Date:	09/22/2015
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 42-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 15, 2010. In a Utilization Review report dated September 22, 2015, the claims administrator failed to approve a request for Norco. An RFA form dated September 1, 2015 was referenced in the determination, along with an associated progress note dated August 31, 2015. The claims administrator did, it was incidentally noted, approve a request for Wellbutrin. The applicant's attorney subsequently appealed. On February 23, 2015, the applicant reported ongoing complaints of low back and hip pain. The applicant was given prescriptions for Norco and Xanax. No seeming discussion of medication efficacy transpired. The applicant reported difficulty sleeping, it was reported. Heightened pain complaints were reported. The applicant's work status was not explicitly stated. On June 3, 2015, the applicant was continued with Norco. The attending provider stated that Norco was beneficial but did not elaborate further. Heightened pain with sitting, standing, and walking was reported. Once again, the applicant's work status was not clearly stated. On August 31, 2015, the applicant reported ongoing complaints of low back pain radiating into the legs, poorly diminished with medication consumption. The applicant was on Wellbutrin, Xanax, and Norco, several of which were renewed and/or continued. Once again, the applicant's work status was not detailed. The applicant had undergone an earlier failed lumbar diskectomy procedure, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180, 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 multiple office visits, referenced above, including on an August 31, 2015 office visit at issue, suggesting that the applicant was not, in fact, working. While the attending provider suggested that the applicant's medications were beneficial in terms of attenuating pain complaints, these reports were, however, outweighed by the applicant's seeming failure to return to work 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. Therefore, the request was not medically necessary.