

Case Number:	CM15-0197136		
Date Assigned:	10/12/2015	Date of Injury:	09/25/2013
Decision Date:	11/30/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/07/2015

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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of September 25, 2013. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 16, 2015 RFA form and an associated August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of low back and shoulder pain, 7-1/2/10 without medications versus 3-1/2/10 with medications. The applicant contended that his activity level is unchanged from the preceding visit. The applicant was using a cane to move about, it was reported. The applicant was having difficulty lifting articles weighing greater than 10 pounds, the treating provider reported. The applicant reported difficulty sitting, standing, socializing, and exercising secondary to his pain complaints, the treating provider contended. The applicant was obese, with a BMI of 34. An extremely proscriptive 5-pound lifting limitation was renewed on this date. It did not appear that the applicant was working with said limitation in place. Norco, Diclofenac, Neurontin, and Prilosec were renewed, it was stated towards the bottom of the note. Pristiq was also prescribed to address the applicant's issues with depression. The attending provider stated that Norco was improving the applicant's function, but did not elaborate further. On August 4, 2015, the applicant reported ongoing complaints of low back and shoulder pain with associated lower extremity paresthesias. Tramadol, Neurontin, Norco, Diclofenac, and Pristiq were endorsed, while the same, unchanged rather proscriptive 5-pound lifting limitation was renewed. The treating provider suggested (but did not clearly state) the applicant was not working with said limitation in place. The applicant had undergone an earlier epidural steroid injection, it was reported that on this date. Standing, walking, lifting, and carrying heavy articles

remain problematic. The applicant is using a cane to move about, the treating provider reported, and could only walk up to one block secondary to his pain complaints. Once again, treating provider stated that the applicant was avoiding, exercising, socializing, and like secondary to heightened pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tab 10/325mg #90 with 1 refill: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 explicitly, the treating provider suggested on August 11, 2015 and on September 8, 2015, the applicant was not working with a rather proscriptive 5-pound lifting limitation in place. While the treating provider did outline some reduction in pain scores effected as a result of ongoing medication consumption on September 8, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work, the treating provider's failure to report the applicant's work status, and the treating provider's reports to the effect that the applicant was using a cane to move about, was having difficulty walking more than one block, was avoiding socializing with others, was avoiding exercising, and difficulty performing activities as basic as sitting, standing, and walking. All of the foregoing, taken together, did not make compelling case of continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.