MAXIMUS Federal Services

Case Number:	CM15-0201743		
Date Assigned:	10/16/2015	Date of Injury:	04/30/2013
Decision Date:	12/02/2015	UR Denial Date:	10/08/2015
Priority:	Standard	Application Received:	10/14/2015

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 April 30, 2013. In a Utilization Review report dated October 8, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 17, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said September 17, 2015 office visit, the applicant reported multifocal complaints of low back, shoulder, elbow, wrist, and hand pain. The treating provider contended that the applicant's pain medications had attenuated his symptoms but stated that she had been unable to return to regular duty work. The attending provider stated that the applicant's medications were helping with activities of daily life but did not elaborate further. Norco and Ultracet were renewed. 5- to 10-pound lifting limitation was likewise renewed. It was not explicitly stated whether the applicant was or was not working on this date. On August 13, 2015, the treating provider stated that the applicant had been given a permanent 2- to 5-pound lifting limitation. The applicant's work status was reportedly unchanged, the treating provider reported. Norco, Ultracet, and Motrin were renewed. Once again, it was not explicitly stated whether the applicant was or was not working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve pain and function. Here, however, the attending provider's progress notes of September 17, 2015 and August 13, 2015 failed to outline a clear or compelling case for concurrent usage of 2 separate short-acting opioids, Norco and Ultracet. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the primary 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, progress notes of August 13, 2015 and September 17, 2015 failed to outline whether the applicant was or was not working following imposition of permanent work restrictions. While the attending provider stated that the applicant's medications were beneficial, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.