

Case Number:	CM15-0204269		
Date Assigned:	10/21/2015	Date of Injury:	02/17/2000
Decision Date:	12/08/2015	UR Denial Date:	09/23/2015
Priority:	Standard	Application Received:	10/19/2015

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 neck and low back pain reportedly associated with an industrial injury of February 17, 2000. In a Utilization Review report dated September 23, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on September 15, 2015 was cited in the determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported ongoing issues with chronic low back pain, headaches, neck pain, upper extremity pain, and jaw pain. Norco and Zanaflex was endorsed. The applicant was reportedly retired, the treating provider reported. The attending provider also sought authorization for Neurology and Psychiatry consultations as well as shoe inserts. On July 9, 2015, the attending provider stated that Norco was not providing appropriate pain relief for the lower extremities. The applicant's medications included Norco, Zanaflex, Celebrex, and Neurontin. The applicant was described as "unable to work", the treating provider reported. The treating provider stated that these were the conclusions of an Agreed Medical Evaluator (AME). The treating provider then stated, somewhat incongruously, the applicant's pain scores were reduced from 10/10 without medications to 5/10 with medications. The treating provider noted that the applicant was using a cervical collar. On August 6, 2015, the applicant stated that she would be homebound on her medications and/or unable to do even basic chores about the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #90: 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: 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 was off of work. The applicant had been deemed "unable to work", the treating provider noted on July 9, 2015. The treating provider noted that these were the conclusions of a medical-legal evaluator. While the treating provider did recount reported reduction in pain scores from 10/10 without medications to 5/10 with medications on July 9, 2015, these reports were, however, outweighed by the applicant's 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 the ongoing Norco usage. No such improvements in function were identified on an office visit of December 2, 2015. While the treating provider reported on August 6, 2015 that the applicant will be home bound without her medications, this did not constitute evidence of substantive benefit achieved as a result of ongoing Norco usage and was, as noted previously, outweighed by the applicant's failure to return to work. Therefore, the request was not medically necessary.