

Case Number:	CM15-0206487		
Date Assigned:	10/23/2015	Date of Injury:	08/28/1995
Decision Date:	12/11/2015	UR Denial Date:	10/01/2015
Priority:	Standard	Application Received:	10/20/2015

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 61-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 28, 1995. In a utilization review report dated October 1, 2015, the claims administrator failed to approve a request for Norco. A September 22, 2015 order form was referenced in the determination. The applicant's attorney subsequently appealed. On November 12, 2013, the applicant reported ongoing complaints of low back pain. The applicant was using Vicodin for the same, the treating provider reported. Vicodin was refilled. The applicant was returned to work without restrictions, the treating provider noted. On September 22, 2015, the applicant reported ongoing complaints of low back pain. Once again, the applicant was returned to regular duty work. The applicant was using one Norco daily. The applicant professed satisfaction with non-operative treatment, the treating provider reported. 10/10 pain was reported toward the top of the note. The attending provider stated, somewhat sparsely, that the ongoing usage of Norco at a rate of once daily was attenuating the applicant's pain complaints and facilitating performance of activities of daily living, including work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120, per 9/22/15: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, specific drug list.

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 and maintained full-time, regular duty work status with ongoing opioid usage, the treating provider reported on September 22, 2015. Ongoing usage of Norco was effectively attenuating the applicant's pain complaints and facilitating performance of activities of daily living, including work, the treating provider contended. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.