

Case Number:	CM15-0206519		
Date Assigned:	10/23/2015	Date of Injury:	07/15/2005
Decision Date:	12/11/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/21/2015

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 July 15, 2005. In a utilization review report dated October 7, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an October 1, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On an RFA form dated October 1, 2015, morphine, Norco, and Zanaflex were seemingly renewed. On an associated progress note of the same date, October 1, 2015, the applicant reported ongoing issues with chronic low back pain. The applicant was using Norco, Zanaflex, and MS Contin, it was reported. The applicant reported difficulty sleeping and difficulty standing and walking. The applicant expressed concerns about possible falling. The applicant's medication list, in another section of the note, reportedly included Tenormin, Cymbalta, Neurontin, Xanax, OxyContin, and Percocet, the treating provider reported. The applicant had undergone earlier failed lumbar spine surgery. The applicant's work status was not clearly reported. Little to no seeming discussion of medication efficacy transpired. The applicant had difficulty standing longer than 5 minutes, the treating provider reported. The applicant was described on September 3, 2015 as using a variety of opioid and nonopioid agents including Norco, MS Contin, Zanaflex, Percocet, OxyContin, Xanax, Neurontin, Cymbalta, and Tenormin, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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

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 clearly reported on October 1, 2015 or on September 3, 2015, suggesting that the applicant was not, in fact, working. 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. The attending provider's commentary to the effect that the applicant was having difficulty performing activities of daily living as basic as standing and walking more than 5 minutes continuously, moreover, suggested that ongoing usage of Norco was not proven particularly beneficial. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulate that the lowest possible dose of opioid should be prescribed to improve pain and function. Here, thus, the attending provider's decision to concurrently prescribe two separate short-acting opioids, Norco and Percocet, was at odds with page 78 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.