

Case Number:	CM15-0024576		
Date Assigned:	02/17/2015	Date of Injury:	11/19/2012
Decision Date:	04/08/2015	UR Denial Date:	02/03/2015
Priority:	Standard	Application Received:	02/09/2015

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 62-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 19, 2012. In a Utilization Review Report dated February 10, 2015, the claims administrator failed to approve a request for Norco. A progress note dated January 14, 2015 and an RFA form of January 20, 2015 were referenced in the determination. The applicant had undergone a failed lumbar spine surgery, the claims administrator contended. The applicant's attorney subsequently appealed. On September 16, 2014, the applicant reported persistent complaints of low back pain. The applicant was working six-hour workdays, five days a week. The applicant was using tramadol, Norco, and Neurontin for pain relief. The attending provider contended that the applicant's symptoms had effectively been attenuated by ongoing medication consumption. On December 30, 2014, the attending provider stated that the applicant's pain medications were appropriately attenuating his pain complaints. The applicant was not a candidate for further surgical intervention. The applicant was still working six hours a day. The applicant was using both Norco and tramadol for pain relief, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 #120 1 PO q6 hours PRN pain with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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 has apparently returned to and/or maintained full-time work status with ongoing medication consumption, the treating provider has established. Ongoing usage of Norco has effectively attenuated the applicant's axial and radicular pain complaints. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.