

Case Number:	CM15-0025630		
Date Assigned:	02/18/2015	Date of Injury:	03/13/2012
Decision Date:	03/31/2015	UR Denial Date:	01/22/2015
Priority:	Standard	Application Received:	02/10/2015

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, Ohio, 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 45-year-old [REDACTED] employee who has filed a claim for chronic neck, mid back, and low back pain reportedly associated with an industrial injury of May 13, 2012. In a Utilization Review Report dated January 23, 2015, the claims administrator failed to approve a request for Norco. The claims administrator did, however, approve Neurontin and Elavil. The claims administrator referenced an RFA form received on January 15, 2015, in its determination. The applicant's attorney subsequently appealed. On January 20, 2014, the applicant reported persistent complaints of low back pain, 6 to 7/10. The applicant was not working, the treating provider acknowledged. Sitting, standing, bending, pushing, pulling, lifting, twisting were all problematic. The applicant's medications included Norco, Elavil, Neurontin, Protonix, and Relafen, it was acknowledged. A rather proscriptive 10-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids; On-Going Management. Decision based on Non-MTUS Citation Official Disability Guidelines: Opioids for Chronic Pain

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1. 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 was/is off of work, despite ongoing Norco usage. The applicant continued to report difficulty performing activities of daily living as basic as sitting, standing, twisting, bending, walking, and lifting, the attending provider acknowledged. The applicant, in short, failed to profit from ongoing usage of Norco. Therefore, the request is not medically necessary.