

Case Number:	CM15-0025700		
Date Assigned:	02/18/2015	Date of Injury:	11/10/2012
Decision Date:	03/31/2015	UR Denial Date:	01/12/2015
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 52-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 10, 2012. In a Utilization Review Report dated January 12, 2015, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The claims administrator referenced a progress note of January 4, 2015, in its determination. The applicant's attorney subsequently appealed. In an RFA form dated January 4, 2015, Norco, Tylenol, Motrin, and Lunesta were endorsed. In an associated progress note of December 31, 2014, the applicant reported ongoing complaints of 8/10 low back pain radiating to the right thigh, right leg and right foot. The applicant was taking a friend's Norco, it was further suggested. The applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use.

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

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, improve functioning and/or reduced pain achieved as result of the same. Here, the applicant was/is off of work, on total temporary disability despite ongoing Norco usage. An 8/10 pain was reported on December 31, 2014. The attending provider progress failed to outline any meaningful or material improvements in function affected as a result of the ongoing usage (if any). It is further noted that the applicant's receipt of medications from the friend does was/is per page 85 of the MTUS Chronic Pain Medical Treatment Guidelines, marker of prescription of opioid abuse. Therefore, the request was not medically necessary.