

Case Number:	CM15-0213520		
Date Assigned:	11/03/2015	Date of Injury:	09/19/2003
Decision Date:	12/22/2015	UR Denial Date:	10/16/2015
Priority:	Standard	Application Received:	10/30/2015

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 September 19, 2003. In a Utilization Review report dated October 16, 2015, the claims administrator failed to approve requests for Norco and laboratory testing. A September 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 25, 2015, the applicant reported ongoing issues with chronic low back and hip pain, exacerbated by standing and walking. The applicant reported difficulty dressing himself secondary to pain complaints. The applicant was on Norco 10 mg one and half tablets four times daily, the treating provider reported. The treating provider contended that the applicant's ability to function was improved somewhat with medications. This was, however, neither elaborated nor expounded upon. The applicant was using Prilosec for NSAID-induced gastritis. The applicant was apparently given renewals of and/or asked to continue Norco, Celebrex, and Prilosec. The applicant was also using baby aspirin, the treating provider reported. Laboratory testing in form of a sedimentation rate (ESR) and C-reactive protein (CRP) were endorsed. It was not stated why said laboratory testing was sought. The applicant had undergone a hip replacement surgery, the treating provider reported, also carried diagnoses of chronic pain syndrome, chronic low back pain, myofascial pain syndrome, lumbar spondylolisthesis, and opioid dependence.

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 Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain, Opioids, dosing, Opioid hyperalgesia, Weaning of Medications.

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 includes 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 September 21, 2015, suggesting the applicant was not, in fact, working as of that date. While the treating provider stated the applicant's medications were beneficial, the treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.

Blood work including ESR and CRP: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Infectious Diseases: Bone and Joint infections: prosthetic joints (2015).

MAXIMUS guideline: Decision based on MTUS Shoulder Complaints 2004, Section(s): Special Studies.

Decision rationale: Similarly, the request for blood work to include an erythrocyte sedimentation rate (ESR) and CRP (C-reactive protein) was not medically necessary, medically appropriate, or indicated here. While the MTUS Guideline in ACOEM Chapter 9, page 208 acknowledges that test for autoimmune diseases such as the ESR at issue, a CBC, a rheumatoid factor and, by implication, the CRP also at issue can be useful to screen for inflammatory autoimmune such as the joint pain, the MTUS Guideline in ACOEM Chapter 9, page 208 notes that these tests should be employed to confirm clinical impressions, rather than purely a screening test in a shot-gun attempt to clarify reasons for unexplained pain complaints. Here, the September 25, 2015 office visit failed to furnish a clear to compelling rationale for the ESR and CRP at issue. There was no mention or suspicion of the applicant's having some sort autoimmune or inflammatory process present, such as a rheumatoid arthropathy, psoriatic arthropathy, gouty arthropathy, etc., which would have compelled the laboratory testing at issue. Therefore, the request was not medically necessary.