

Case Number:	CM15-0031220		
Date Assigned:	02/24/2015	Date of Injury:	12/22/2014
Decision Date:	04/03/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/19/2015

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] employee who has filed a claim for chronic pain syndrome reportedly associated with cumulative trauma at work first claimed on December 22, 2014. In a Utilization Review Report dated January 20, 2015, the claims administrator partially approved a request for Norco while apparently approving a request for Robaxin outright. A pain management consultation was approved. A progress note of January 15, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a Doctor's First Report (DFR) dated January 15, 2015, the applicant reported multifocal complaints of mid and low back pain reportedly attributed to cumulative trauma at work. Norco, Naprosyn, and Robaxin were endorsed, along with a rather permissive 20-pound lifting limitation. It was not clear whether the applicant was or was not working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, sixty count: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 308, table 12-8.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints
Page(s): 308.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. The request for Norco was initiated in the applicant's first office visit with the prescribing provider. As noted in the MTUS Guideline in ACOEM Chapter 12, Table 12-8, page 308, a short course of opioids is deemed "optional" in the evaluation and management of applicant's low back pain complaints, as were present here on or around the date in question. Therefore, the first-time request for Norco was medically necessary.