

Case Number:	CM15-0036562		
Date Assigned:	03/05/2015	Date of Injury:	12/29/2009
Decision Date:	04/15/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	02/26/2015

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 42-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 29, 2009. In a Utilization Review Report dated February 16, 2015, the claims administrator partially approved requests for Norco and OxyContin. The claims administrator referenced a December 17, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In the IMR application dated February 23, 2015, the applicant's attorney seemingly appealed the Norco denial alone. On January 13, 2015, the applicant reported 10/10 without medications versus 7/10 pain with medications. The applicant was using Norco at a rate of six tablets a day, in addition to OxyContin and Cymbalta. The applicant's complete medication list included OxyContin, Norco, Soma, and Cymbalta, it was stated in another section of the note. Multiple medications were renewed. The applicant was asked to employ Ambien for pain-induced sleep disturbance. The applicant was asked to consult a new spine surgeon. The applicant's work status was not clearly detailed, although it did not appear that the applicant was in fact working. In a December 17, 2014 progress note, the applicant was given refills of Norco, Flexeril, Cymbalta, Ambien, and OxyContin. Once again, 10/10 pain without medications versus 7/10 pain with medications was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg-325mg 1 tablet every 4 hours for 30 days, #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) 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, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant's work status was not clearly outlined, suggesting that the applicant was not, in fact, working. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 7/10 with medications, this is, however, outweighed by the attending provider's failure to outline the applicant's work status from visit to visit and the attending provider's associated failure to outline any meaningful or material improvements in function effected as a result of ongoing opioid therapy, including ongoing Norco usage. Therefore, the request was not medically necessary.