MAXIMUS Federal Services

Case Number:	CM15-0038819		
Date Assigned:	03/09/2015	Date of Injury:	08/28/2007
Decision Date:	04/23/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	03/02/2015

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 62-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 28, 2007. In a Utilization Review Report dated February 10, 2015, the claims administrator partially approved a request for Norco. A January 29, 2015 progress note and an associated RFA form of January 31, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On October 29, 2014, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy-fusion surgery. The applicant was not currently employed, it was acknowledged. The applicant was given refills of Lyrica and Extra Strength Vicodin; it was stated on that occasion. The applicant had also received multiple epidural steroid injections. 7/10 pain complaints were reported. The applicant is pending a spinal cord stimulator trial. The applicant's complete medication included Vicodin, Lyrica, Maxzide, Qvar, Allegra, Zestril, potassium, Zocor, Norvasc, Prilosec, Lopressor, and topical lidocaine. The applicant had a BMI of 32, it was further noted. On January 29, 2015, the applicant reported ongoing complaints of low back radiating to the left leg. Current pain scores of 7/10 were reported. The applicant was apparently considering a functional restoration program. The applicant was asked to continue Norco and Lyrica. Once again, it was acknowledged that the applicant was not working and was currently unemployed. Little-to-no discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240 for 60 days: Upheld

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

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, the applicant was off of work and unemployed as of the January 29, 2015 progress note on which Norco was renewed. The applicant continued to report pain complaints as high as 7/10 on that date. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.