

Case Number:	CM15-0044723		
Date Assigned:	03/16/2015	Date of Injury:	02/25/2008
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/09/2015

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 51-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 25, 2008. In a utilization review report dated February 25, 2015, the claims administrator partially approved a request for Norco and conditionally denied a TENS unit with associated supplies. The claims administrator referenced a February 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a February 27, 2015 psychological consult note, the applicant presented with a variety of mental health and familial issues, including conflict with her ex-husband. It was suggested that the applicant pursue a drug and alcohol-counseling program. Large portions of the progress note were handwritten, difficult to follow, not entirely legible. In a February 10, 2015 progress note, the applicant reported ongoing complaints of chronic low back pain, chronic mid back pain, depression, anxiety, insomnia, and psychological stress. The applicant was apparently using Norco, Wellbutrin, Colace, tizanidine, and a TENS unit, it was acknowledged. The attending provider stated that the applicant's pain complaints were increasing since the preceding visit and that the applicant was having difficulty performing activities of daily living as basic as ambulating. The applicant was apparently attending Alcoholics Anonymous. The applicant was given a 20-pound lifting limitation. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated. In an earlier note dated January 20, 2015, the same, unchanged, a 20-pound lifting limitation was renewed. It was again stated that the applicant was attending Alcoholics Anonymous. The applicant was using Norco at a rate of four times daily, it

was suggested. The applicant was in the process of obtaining a handicapped placard, it was suggested. Ongoing complaints of low back pain with severe anxiety and depression were reported on this date. The applicant was using Norco and Nucynta, the treating provider stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 1. No, the request for Norco, a short-acting opioid, is 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 was seemingly off work as of progress notes of January and February 2015, referenced above. The applicant was having difficulty performing activities of daily living as basic as ambulating, the treating provider suggested. The treating provider further acknowledged that the applicant's pain complaints were heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing Norco usage. The applicant's comment to the effect that she was unable to walk and needed a handicapped placard further argued against the efficacy of Norco. Therefore, the request is not medically necessary.