

Case Number:	CM15-0045239		
Date Assigned:	03/17/2015	Date of Injury:	07/15/2007
Decision Date:	04/23/2015	UR Denial Date:	02/27/2015
Priority:	Standard	Application Received:	03/10/2015

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 46-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 15, 2007. In a Utilization Review Report dated February 27, 2015, the claims administrator failed to approve a request for Norco. A February 9, 2015 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated December 23, 2014, the applicant reported ongoing complaints of low back pain radiating to the left leg with derivative complaints of anxiety, depression, and insomnia. The applicant was given refills of Neurontin, Norco, and tizanidine. The applicant reported a significant decrease in the quality of life. The applicant's pain complaints were seemingly constant. Motion, standing, walking, and driving all remained problematic. The applicant was asked to consider a spinal cord stimulator trial and associated psychological evaluation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #45 with 1 Refill: 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: 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 was seemingly off of work as of the date of the request. The applicant continued to report pain complaints scored as severe on December 25, 2014. The applicant was having difficulty performing basic activities of daily living such as standing, walking, and driving. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.