

Case Number:	CM15-0049914		
Date Assigned:	03/23/2015	Date of Injury:	02/25/1998
Decision Date:	05/01/2015	UR Denial Date:	02/16/2015
Priority:	Standard	Application Received:	03/16/2015

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 38-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 25, 1998. In a Utilization Review Report dated February 16, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a variety of MTUS and non-MTUS Guidelines at the bottom of its report but did not incorporate the same into its rationale. A January 19, 2015 progress note was also referenced. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported average pain score of 7/10. The attending provider stated that the applicant's usage of Norco attenuated his pain complaints from 9/10 without medications and 6/10 with medications. The applicant was using anywhere from three to six tablets of Norco daily. Elavil was also endorsed. The applicant had returned to work, it was incidentally noted. Botox injections were proposed. On July 10, 2008, it was suggested that the applicant was working as a painter. The attending provider again stated that ongoing medication consumption was attenuating the applicant's pain complaints. It was again stated that the applicant was working, staying active, and exercising. Norco was again described as appropriately attenuating the applicant's pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective (DOS 1/28/15), Norco 10/325 mg #180 3 To 6 a day, as an outpatient:
Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Chronic Pain, 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page(s): 75-78, 88, 91 of 127.

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

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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 because of the same. Here, the applicant has achieved and/or maintained full-time work status as a painter, the treating provider has acknowledged. Ongoing usage of Norco is appropriately attenuating the applicant's pain complaints and facilitating the applicant's ability to stay active, walk, and exercise. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.