

Case Number:	CM15-0050001		
Date Assigned:	03/23/2015	Date of Injury:	09/14/1993
Decision Date:	05/01/2015	UR Denial Date:	03/04/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of September 14, 1993. In a Utilization Review Report dated March 4, 2015, the claims administrator failed to approve a request for Norco. A partial approval was apparently issued, for weaning or tapering purposes. An RFA form received on February 20, 2015 was referenced in the determination, along with a progress note of February 15, 2015. The claims administrator contended that the applicant had failed to profit from ongoing medication consumption. The applicant's attorney subsequently appealed. In a February 19, 2015 progress note, the applicant reported ongoing complaints of low back pain, 7/10. The applicant was asked to continue Norco for the same. Norco was refilled. The applicant's work status was not detailed. The attending provider did not state whether the applicant was or was not working. The attending provider did suggest that the applicant's medication consumption was beneficial but did not elaborate further. On January 26, 2015, the applicant again reported ongoing complaints of low back pain. The applicant was using a lumbar support. The applicant reported 7/10 low back pain complaints. The applicant stated that activities as basic as negotiating stairs, walking, and lying in bed remained problematic. The applicant was asked to continue Norco and Neurontin. Once again, the applicant's work status was not detailed. Laboratory testing was endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, 180 count: 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 detailed on multiple office visits, referenced above, of early 2015. The applicant continued to report pain complaints as high as 7/10, despite ongoing Norco usage. The applicant continued to report difficulty performing activities of daily living as basic as standing, walking, and negotiating stairs. The attending provider failed to outline any meaningful material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.