

Case Number:	CM15-0052063		
Date Assigned:	03/25/2015	Date of Injury:	10/29/2012
Decision Date:	05/01/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/19/2015

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 52-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; epidural steroid injection therapy; and transfer of care to and from various providers in various specialties. In a Utilization Review report dated February 25, 2015, the claims administrator failed to approve a request for Norco. A January 21, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On August 6, 2014, the applicant reported ongoing complaints of low back and hip pain, 8/10. The applicant was placed off of work, on total temporary disability. In-office ultrasound therapy, manipulative therapy, and applications of heat and cold were endorsed while the applicant was kept off of work. The applicant's medication list was not included in this particular progress note. Medication selection and medication efficacy were not detailed. On July 9, 2014, the applicant was placed off of work, on total temporary disability. The applicant had undergone earlier cervical fusion surgery in 2013, it was acknowledged. Norco was renewed. On May 14, 2014, the applicant was again described as using Norco every four to six hours. The applicant was again placed off of work, on total temporary disability. Medication selection and medication efficacy were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

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

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

Decision rationale: 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 off of work, on total temporary disability, throughout mid and late 2014. The applicant continued to report pain complaints as high as 8/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.