

Case Number:	CM15-0052971		
Date Assigned:	03/26/2015	Date of Injury:	08/03/2012
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/20/2015

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 54-year-old who has filed a claim for chronic neck, low back, mid back, and upper extremity pain with derivative complaints of headaches reportedly associated with an industrial injury of August 3, 2012. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced RFA forms of February 28, 2015 and January 8, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated February 28, 2015, Norco was, in fact, refilled. In an associated progress note dated February 19, 2015, the applicant reported 8/10 pain without medication versus 6/10 with medication. The applicant was using six tablets of Norco daily. The applicant was also using Naprosyn twice daily. It was suggested that the applicant was maintaining modified duty work status. The attending provider stated that the applicant's medications were facilitating his ability to go to work on a daily basis and/or socialize with friends and family members on weekends. The applicant was status post earlier cervical spine surgery, it was acknowledged. Norco and a rather permissive 30-pound lifting limitation were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 as a result of the same. Here, the applicant had in fact returned to work, it was acknowledged. The applicant was deriving appropriate analgesia from ongoing medication consumption, the treating provider maintained. The applicant's ability to perform activities of daily living, including socializing, concentrating, and/or acting with others had reportedly been ameliorated as a result of medication consumption, including Norco consumption. Therefore, the request was medically necessary.