MAXIMUS Federal Services

Case Number:	CM15-0054503		
Date Assigned:	03/27/2015	Date of Injury:	01/15/2010
Decision Date:	05/01/2015	UR Denial Date:	03/09/2015
Priority:	Standard	Application Received:	03/23/2015

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 35-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 15, 2010. In a Utilization Review report dated March 9, 2015, the claims administrator failed to approve a request for Norco. A January 23, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On January 23, 2015, the applicant reported ongoing complaints of mid and upper back pain, 7-8/10. The applicant reported difficulty performing activities of daily living as basic as standing and walking, it was suggested in one section of the note. Another section of the note stated that the applicant was working with restrictions in place. Norco, tramadol, and Terocin were ultimately renewed. At the bottom of the report, the attending provider maintained that the applicant's pain complaints were reduced from 8/10 without medications to 4/10 with medications. The applicant seemingly stated that her ability to stand and/or walk had been ameliorated as a result of ongoing medication consumption. On November 24, 2014, it was again reported that the applicant had maintained modified duty work status with ongoing medication consumption. It was stated that the applicant was reporting a 50% reduction in pain scores with ongoing Norco usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #30: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 78, 124.

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 has achieved and/or maintained successful return to work status with ongoing Norco consumption, the treating provider has maintained. Ongoing usage of Norco is reportedly attenuating the applicant's pain complaints by 50%, it was stated on several occasions, referenced above, and had reportedly ameliorated the applicant's ability to stand and walk. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.