

Case Number:	CM15-0056148		
Date Assigned:	04/01/2015	Date of Injury:	10/01/2011
Decision Date:	05/05/2015	UR Denial Date:	02/19/2015
Priority:	Standard	Application Received:	03/24/2015

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 43-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 1, 2011. In a Utilization Review report dated February 19, 2015, the claims administrator failed to approve a request for Norco. A RFA form dated February 11, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated February 6, 2015, 8/10 low back pain complaints radiating to the right leg were noted. Lifting, working, sleeping, walking, sitting, and bending remain problematic. The applicant had lost time from work, it was reported in one section of the note. In another section of the note, it was stated that the applicant was currently employed, although this appeared to be historical carryover from previous reports. Norco, Neurontin, and tramadol were endorsed. The attending provider stated at the bottom of the report that the applicant's medications were attenuating his pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 16-19.

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 was seemingly off of work as of February 6, 2015 progress note, referenced above. 8/10 pain complaints were evident on that date. While the attending provider did recount some reported reduction in pain scores reportedly effected as a result of the ongoing Norco usage, these were, however, outweighed by the applicant's failures to return to the work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider commented to the effect that the applicant's ability to perform activities of daily living as basic as sitting, standing, walking, lifting, and bending, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.