

Case Number:	CM15-0058017		
Date Assigned:	04/02/2015	Date of Injury:	02/16/2012
Decision Date:	05/20/2015	UR Denial Date:	03/02/2015
Priority:	Standard	Application Received:	03/26/2015

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 (LBP) reportedly associated with an industrial injury of February 16, 2012. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a February 17, 2015 RFA form and associated progress note of February 4, 2015 in its determination. The applicant's attorney subsequently appealed. On April 22, 2015, the applicant reported ongoing complaints of low back pain, 3/10 with medications versus 6/10 without medications. The applicant was status post a recent epidural steroid injection on April 10, 2015, it was acknowledged. The applicant's medication list included Norco, Ativan, Lidoderm, Lopressor, and Norco, it was further noted. The applicant had completed a functional restoration program, it was further stated. Medial branch blocks were proposed. The note was quite difficult to follow and mingled historical issues with current issues. The attending provider stated that the applicant's ability to walk up to five blocks was heightened as a result of medication consumption. The attending provider stated that the applicant's ability to perform activities of daily living such as self-care, personal hygiene, grocery shopping, cooking, and cleaning had all been improved as a result of ongoing medication consumption. Permanent work restrictions and Norco were endorsed. It was stated that the applicant was working at a rate of eight hours a day with ongoing medication consumption. On April 1, 2015, the attending provider reported that the applicant was continuing to work full time as a nurse. Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #140: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids for chronic pain, Recommendations for general conditions Page(s): 76-80; 80-82.

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 apparently returned to work as a nurse, it was reported. The applicant continued to report an appropriate reduction in pain scores with ongoing medication consumption, the treating provider stated on April 22, 2015. 6/10 pain without medications versus 3/10 pain with medications was reported on that date. The applicant stated that her ability to perform household chores, stand, walk, cook, clean, etc., had all been ameliorated as a result of ongoing medication consumption. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.