MAXIMUS Federal Services

Case Number:	CM15-0059892		
Date Assigned:	04/06/2015	Date of Injury:	02/19/2008
Decision Date:	05/06/2015	UR Denial Date:	03/16/2015
Priority:	Standard	Application Received:	03/30/2015

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 48-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 19, 2008. In a Utilization Review report dated March 16, 2015, the claims administrator failed to approve a request for Norco. A February 16, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. On February 16, 2015, the applicant reported ongoing complaints of low back pain, hip pain, and groin pain associated with an inguinal hernia. It was stated that the applicant required an inguinal herniorrhaphy in the near future. Authorization for the same was proposed. Norco, naproxen, tramadol, Prilosec, and Flexeril were endorsed, seemingly on a renewal basis. No discussion of medication efficacy transpired. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. In an earlier note dated November 24, 2014, the applicant reported progressively worsening low back, hip, and groin pain. Norco, tramadol, naproxen, Prilosec, and Flexeril were renewed, along with the applicant's permanent work restrictions. Once again, it did not appear that the applicant was working with said limitations in place. No discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, sixty count: Upheld

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: 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 success 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, it was suggested on multiple progress notes, referenced above, of late 2014 and early 2015. Permanent work restrictions remained in place, seemingly unchanged from visit to visit, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function (if any) effected as a result of ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.