

Case Number:	CM15-0080751		
Date Assigned:	05/05/2015	Date of Injury:	12/12/2002
Decision Date:	06/04/2015	UR Denial Date:	04/21/2015
Priority:	Standard	Application Received:	04/27/2015

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 73-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 22, 2002. In a Utilization Review report dated April 24, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. Progress notes of April 9, 2015 and January 22, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a progress note dated January 22, 2015, the applicant reported 8/10 low back pain complaints. The applicant was using four tablets of Norco per day. 6/10 pain medications was reported with 10/10 pain without medications. The attending provider stated that the applicant's ability to perform yard work, ambulate, and perform household chores had all been ameliorated as a result of ongoing medication consumption. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working at age 72. In an April 6, 2015 progress note, handwritten, difficult to follow, the attending provider again stated that the applicant's chronic low back pain complaints were stable with ongoing medication consumption.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, 4 per day for 2 years: 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 5) Recommended Frequency of Visits While in the Trial Phase (first 6 months) Page(s): 79.

Decision rationale: No, the request for a two-year supply of Norco at a rate of four tablets a day was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, the Medical Board of California (MBC) stipulates that applicants who are managed with controlled substances should be seen monthly, quarterly, or semi-annually. Here, the request for two years worth of medications in one fell swoop, thus, is at odds with both MTUS and MBC principles and parameters. Therefore, the request is not medically necessary.