

Case Number:	CM14-0119524		
Date Assigned:	09/16/2014	Date of Injury:	10/01/1994
Decision Date:	11/07/2014	UR Denial Date:	07/16/2014
Priority:	Standard	Application Received:	07/29/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of October 1, 1994. Thus far, the applicant has been treated with the following: Analgesic medications; topical compounds; transfer of care to and from various providers in various specialties; opioid therapy; earlier lumbar laminectomy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated July 16, 2014, the claims administrator denied a request for Norco. The claims administrator did not incorporate any guidelines into its rationale but did state, at the bottom of the report, that its decision was based on a variety of non-MTUS guidelines, including the Physician's Desk Reference, ODG's formulary, and others. The claims administrator stated that the applicant was using too high dosage of opioids. The applicant's attorney subsequently appealed. In a May 7, 2014 progress note, the applicant reported persistent complaints of 6-8/10 low back pain radiating to the right leg. A well-healed surgical incision line was noted. Norco was refilled. A lumbar support and an orthopedic mattress were sought. Permanent work restrictions were renewed. It did not appear that the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Quantity 180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's 'The Pharmacological Basis of Therapeutics, 12th ed. McGraw Hill 2010 Physicians Desk Reference, 68th ed. www.rxlist.com Official Disability Guidelines- workers compensation drug

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 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. In this case, however, the applicant is seemingly off of work. The applicant did not appear to be working with permanent limitations in place. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage. Therefore, the request is not medically necessary.