

Case Number:	CM14-0147076		
Date Assigned:	09/15/2014	Date of Injury:	12/13/2005
Decision Date:	10/17/2014	UR Denial Date:	08/21/2014
Priority:	Standard	Application Received:	09/10/2014

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 former maintenance worker, who has filed a claim for low back, hip, and leg pain reportedly associated with an industrial injury of August 1, 2005. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy over the course of the claim, reportedly normal electrodiagnostic testing of August 29, 2006, lumbar MRI imaging of July 17, 2006, notable for multilevel disk bulges with associated nerve root impingement; and extensive periods of time off of work. In a Utilization Review Report dated August 21, 2014, the claims administrator partially certified a request for Norco, approved a request for Mobic, and approved a request for Amrix. The applicant's attorney subsequently appealed. In an August 5, 2014, progress note, the applicant reported severe low back pain radiating to the right leg, 9/10. The applicant was not working, it was acknowledged, and was in the process of applying for (REDACTED), it was stated. Multiple medications were renewed, including Norco, Amrix, and Mobic. The applicant was ambulating with a noticeable limp, it was stated. The attending provider stated that ongoing usage of medications was diminishing the applicant's pain complaints and further stated that the applicant's functionality was reportedly improved with medications. The attending provider did not however, elaborate as to what function or functions had specifically been ameliorated with ongoing medication usage. In an earlier note dated June 10, 2014, the applicant again reported worsening low back pain radiating to the right leg. The applicant was again using a cane for ambulation purposes. The applicant was again described as applying for disability. The attending provider again stated that ongoing medications consumption was diminishing the applicant's pain complaints. Once again, however, the attending provider failed to elaborate or expound on any improvements in function achieved as a result of 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 #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. 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 result of the same. In this case, however, the applicant is off of work. The applicant is receiving both indemnity benefits through Worker's Compensation System and is concurrently applying for [REDACTED] [REDACTED] it has been stated. The applicant has difficulty performing even basic activities of daily living, such as walking. While the attending provider did report some decrements in pain achieved as a result of ongoing medications consumption, the attending provider failed to describe any tangible or material improvements in function achieved as a result of ongoing opioid therapy. The attending provider, furthermore, did recount on several occasions that the applicant presented with severe, worsening low back pain. Continuing Norco, on balance, does not appear to be indicated as ongoing usage of same. It does not appear to promote any material improvements in function here. Therefore, the request of Norco 10/325mg #120 is not medically necessary and appropriate.