

Case Number:	CM14-0212768		
Date Assigned:	12/30/2014	Date of Injury:	08/17/2009
Decision Date:	02/28/2015	UR Denial Date:	11/20/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 17, 2009. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced RFA forms and appealed letters of November 12, 2014, November 6, 2014 and November 4, 2014, in its determination. In a medical-legal evaluation dated April 10, 2014, the applicant was using five to six tablets of Norco, in conjunction with Neurontin, Flexeril, and Motrin. The applicant had gained 45 tablets. The applicant was reportedly working as an independent contractor on a part-time basis. The applicant was status post spinal cord stimulator implantation. The applicant was trying to walk 3 to 5 miles a day for exercise, it was acknowledged. In a November 4, 2014 progress note, the applicant reported persistent complaints of low back pain. The applicant was using Oxycodone, Norco, Trazodone, Neurontin, Soma, Benadryl, and Prilosec. The applicant posited that he was having good pain relief with medication consumption. Both brand-name variance of both oxycodone and Norco were apparently issued. Physical therapy and Botox injection therapy were endorsed. The applicant was status post earlier L5-S1 lumbar fusion surgery and status post spinal cord stimulator implantation, it was acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 and 2nd script for #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, Short-Acting Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47, Chronic Pain Treatment Guidelines Page(s): 78; 7.

Decision rationale: No, the request for Norco 10/325, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be prescribed to improve the pain and function. Here, the attending provider has not outlined a compelling rationale or compelling basis for provision of two separate short-acting opioids, Norco and oxycodone. It is further noted that page 7 of the MTUS Chronic Pain Medical Treatment Guidelines and page 47 of the ACOEM Practice Guidelines both stipulates that an attending provider incorporate some discussion of cost into his choice of recommendations. Here, the attending provider did not outline a clear rationale or clear basis for provision of a brand name Norco in favor of the generic variance of the same. Therefore, the request was not medically necessary.