

Case Number:	CM14-0212854		
Date Assigned:	12/30/2014	Date of Injury:	12/28/2010
Decision Date:	02/28/2015	UR Denial Date:	12/03/2014
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 December 28, 2010. In a Utilization Review Report dated December 3, 2014, the claims administrator partially approved a request for Norco. The claims administrator referenced an RFA form received on November 24, 2014 in its determination. The claims administrator contended that the applicant was not profiting from ongoing opioid therapy. In a progress note dated October 15, 2013, the applicant reported persistent complaints of low back and hip pain, 6-7/10. The applicant's work status was not outlined. The applicant was asked to pursue facet injections. The applicant's medication list at this point included Vytorin, losartan, Celexa, and Vicodin. On November 24, 2014, the attending provider sought authorization for Nucynta, Norco, and Flector patches. The attending provider stated that the applicant was using short-acting Nucynta 50 mg four times daily and was using Norco 10/325 once daily. In an earlier note dated September 2, 2014, the applicant reported persistent complaints of low back and hip pain. The applicant was using Nucynta, Desyrel, losartan, Norco, Protonix, Crestor, vitamin D, and BuSpar. Facet joint injections and gluteal bursa injections were sought. The applicant was apparently in the process of filing for [REDACTED] implying that the applicant was not working. There was no discussion of medication efficacy on this date. Nucynta, Norco, and Flector were endorsed via an RFA form dated September 23, 2014, again without any accompanying rationale.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management, When to Continue Opioids Page(s): 78, 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. Here, the applicant was/is off of work. The applicant is receiving both Workers' Compensation indemnity benefits and is in the process of applying for [REDACTED], it is further noted. The attending provider failed to outline any quantifiable decrements in pain and/or material improvements in function achieved as a result of ongoing opioid therapy, including ongoing Norco therapy. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider furnished nothing in the way of rationale which would support concomitant provision of Norco and Nucynta, two short-acting opioid agents. Therefore, the request was not medically necessary.