

Case Number:	CM15-0002442		
Date Assigned:	01/13/2015	Date of Injury:	10/10/2001
Decision Date:	03/16/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/06/2015

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, 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 October 10, 2001. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced a December 8, 2014 progress note in its determination. The applicant's attorney subsequently appealed. In a June 26, 2014 RFA form, Norco, Flexeril, and an epidural steroid injection were sought. In an associated progress note of the same date, the applicant reported ongoing complaints of low back pain, 6/10. Permanent work restrictions were renewed. The applicant was using various dietary supplements. It was stated that the applicant had found a new position as a foreman with another company. A slight limp was appreciated. The attending provider posited that the applicant's medications allowed him to stay active, were decreasing his pain, and were resulting in an improved quality of life. In a December 8, 2014 progress note, permanent work restrictions, Flexeril, Norco, a ketoprofen lotion, and Cymbalta were endorsed. The applicant was status post an epidural steroid injection on August 14, 2014. No formal work restrictions were imposed, it was stated in one section of the note. The attending provider stated that the applicant was doing heavy manual work. The attending provider stated that the heavy manual work was resulting in heightened pain complaints. The attending provider posited that ongoing usage of Norco was beneficial.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #75: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation Opioids and Chronic Neuropathic Pain, Kathleen M. Foley, M.D., N Engl J Med 2003; 348:1279-1281 March 27, 2003

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

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and indicated here. 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 has apparently returned to work as a demolition worker/construction worker/foreman. The applicant is deriving appropriate analgesia with ongoing medication consumption, the attending provider has reiterated on several occasions, and is deriving an appropriate improvement in terms of ability to perform activities of daily living, household chores, home exercises, etc. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.