

Case Number:	CM15-0101791		
Date Assigned:	06/04/2015	Date of Injury:	08/12/2013
Decision Date:	07/07/2015	UR Denial Date:	05/01/2015
Priority:	Standard	Application Received:	05/27/2015

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, New York, 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 60-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of August 12, 2013. In a Utilization Review report dated May 1, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on April 24, 2015 in its determination, along with a progress note dated April 9, 2015. The applicant's attorney subsequently appealed. In a RFA form dated April 9, 2015, Norco was renewed. In an associated progress note of the same date, April 9, 2015, the applicant reported ongoing complaints of severe neck pain. Norco was apparently renewed. Drug testing was sought. The applicant's work status was not detailed. In an earlier note dated November 12, 2014, the applicant again reported constant neck and back pain. Activities of daily living as basic as lifting a gallon of milk remained problematic, the applicant reported. The applicant was using Prilosec, naproxen, Norco, and Lipitor as of that point in time, it was reported. The applicant was placed off of work, on total temporary disability. Various interventional spine procedures were sought.

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 opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or 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 because of the same. Here, however, the applicant was off work, on total temporary disability, it was suggested on November 12, 2014. The applicant reported severe pain complaints on April 9, 2015. The treating provider (s) failed to outline meaningful or material improvements in function (if any) effected because of ongoing Norco usage. Therefore, the request was not medically necessary.