

Case Number:	CM15-0015161		
Date Assigned:	02/03/2015	Date of Injury:	06/15/2007
Decision Date:	03/26/2015	UR Denial Date:	01/06/2015
Priority:	Standard	Application Received:	01/27/2015

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, 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] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 15, 2007. In a Utilization Review Report dated January 6, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced office visits of October 21, 2014 and December 17, 2014 in its determination. The applicant's attorney subsequently appealed. On December 16, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Norco at a rate of five to six tablets a day. The applicant reported 9/10 pain without medications versus 4/10 with medications. The attending provider posited that the applicant was able to work with his medications. The applicant and his wife were working in the cleaning business, it was noted. The applicant was apparently given a refill of Norco on the grounds that the applicant had reportedly demonstrated a favorable response to the same. In an earlier note dated August 26, 2014, it was again stated that the applicant reported 4/10 pain with medications versus 8/10 pain without medications. The applicant was working on a part-time basis, in the cleaning business, it was noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180 with 1 refill: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Criteria for Use. Decision based on Non-MTUS Citation American College of Occupational and Environmental Medicine (ACOEM) Practice Guidelines: Chapter 6, Pain, Suffering and the Restoration of Function

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1. Yes, the request for Norco, a short-acting opioid, was not 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, on a part-time basis. The applicant is reportedly deriving an appropriate reduction in pain scores as a result of ongoing Norco usage. Ongoing usage of Norco is facilitating the applicant's ability to maintain part-time work status, the treating provider had posited on several occasions, referenced above. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.