

Case Number:	CM15-0018451		
Date Assigned:	02/06/2015	Date of Injury:	10/17/1998
Decision Date:	03/30/2015	UR Denial Date:	01/12/2015
Priority:	Standard	Application Received:	01/30/2015

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 56-year-old State Compensation Insurance Fund (SCIF) beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of October 30, 1998. In a Utilization Review Report dated January 11, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form dated January 2, 2015; in its determination. The applicant's attorney subsequently appealed. In a January 20, 2015 progress note, the applicant was given refills of Norco. The applicant had Norco for chronic low back pain. The applicant also had ancillary complaints of anxiety, hypertension, and dyslipidemia. The applicant's medications included Lipitor, Voltaren patches, Norco, Zestril, Ativan, and Lovaza. The applicant reported highly variable 3 to 10/10 pain complaints. The attending provider stated that the applicant's medications were beneficial, but did not elaborate further. The applicant's work status was not furnished.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #120 with 3 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Pain Treatment Agreement, Opioids, Specific Drug List, Hy.

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. 9792.20.

Decision rationale: 1. 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 as a result of the same. Here, while the attending provider did outline some reported reduction in pain scores achieved as a result of ongoing Norco usage, the attending provider did not document the applicant's work or functional status on January 20, 2015 progress note, on which Norco was renewed. The attending provider likewise failed to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.