

Case Number:	CM15-0110307		
Date Assigned:	06/16/2015	Date of Injury:	08/21/2009
Decision Date:	10/05/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/08/2015

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 53-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 21, 2009. In a Utilization Review report dated June 3, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on May 27, 2015 and associated progress note of May 21, 2015 in its determination. The applicant's attorney subsequently appealed. On May 21, 2015, the applicant was placed off of work, on total temporary disability, involving the ongoing complaints of low back pain status post earlier failed lumbar spine surgery. Norco was refilled. Severe low back pain scored at 7 to 8/10 was reported. The applicant reported difficulty performing activities of daily living as basic as sleeping and sitting secondary to pain complaints. No seeming discussion of medication efficacy transpired insofar as Norco is concerned. The attending provider explicitly stated that Neurontin had not proven beneficial.

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 Page(s): 78-80, 91, and 124.

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 as a result of the same. Here, however, the applicant was placed off of work, on total temporary disability, as of the May 21, 2015 progress note at issue. Severe, 7 to 8/10 pain complaints were reported on that date. The applicant was having difficulty performing activities of daily living as basic as sitting and sleeping, it was reported, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.