

Case Number:	CM15-0111670		
Date Assigned:	06/18/2015	Date of Injury:	03/24/1992
Decision Date:	07/22/2015	UR Denial Date:	06/04/2015
Priority:	Standard	Application Received:	06/09/2015

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 66-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 24, 1992. In a Utilization Review report dated June 4, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a May 28, 2015 RFA form and an associated progress note of May 19, 2015 in its determination. The applicant's attorney subsequently appealed. On said May 28, 2015 RFA form, 180 tablets of Norco were endorsed. On April 14, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by bending, any kind of activity, sitting, and/or standing, it was acknowledged. 10/10 pain without medications versus 2/10 with medications was reported. Overall pain score averaged 6/10. The attending provider stated that the applicant's ability to perform activities of daily living had been ameliorated as a result of ongoing medication consumption but did not elaborate further. The applicant was using up to six tablets of oxycodone daily, as well as up to six tablets of Norco daily, it was reported. The applicant was on Aldactone, Prilosec, losartan, Zolof, and metformin, it was incidentally noted. The applicant was described as "medically retired," the treating provider reported. The applicant was also using marijuana, it was further noted. Norco was renewed, also apparently at a rate of six tablets a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 4) On-Going Management; 6) When to Discontinue Opioids; Opioids, dosing; Opioid Dosing Calculator Morphine Equivalent Dose (MED) factor Page(s): 78; 79; 86; 87.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, the lowest possible dose of opioids should be employed to improve pain and function. Here, however, the attending provider did not set forth a clear or compelling case for concurrent usage of two separate short-acting opioids, Norco and Percocet, both of which the applicant was seemingly using at a rate of six tablets a day, resulting in an overall morphine equivalent dose of 150 mg daily, per page 87 of the MTUS Chronic Pain Medical Treatment Guidelines, i.e., in excess of the 120 mg oral morphine equivalent dosage suggested on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, furthermore, suggests of immediate discontinuation of opioids in applicants who are engaged in illicit substance usage. Here, the applicant was, in fact, concurrently using marijuana, an illicit substance. Discontinuing Norco, thus, appeared to be a more appropriate option than continuing the same, given all of the foregoing. Therefore, the request is not medically necessary.