MAXIMUS Federal Services

Case Number:	CM15-0112312		
Date Assigned:	06/18/2015	Date of Injury:	03/22/2006
Decision Date:	07/22/2015	UR Denial Date:	06/03/2015
Priority:	Standard	Application Received:	06/10/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of March 22, 2006. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 26, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On January 20, 2015, the applicant was described as having undergone earlier failed lumbar spine surgery. The note was very difficult to follow, mingled historical issues with current issues, and was, at times, internally incongruous. In one section of the note, it was stated that the applicant had 7/10 pain complaints, which increased to 7-8/10 without medications and would drop to 5/10 with medications. In one section of the note, the attending provider stated that the applicant was not using any medications, while the attending provider reported toward the bottom of the report that the applicant was using Norco, Naprosyn, Protonix, Restoril, and tramadol. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. On May 29, 2015, the applicant reported ongoing complaints of low back, bilateral thigh and bilateral elbow pain. The applicant stated that activities of daily living as basic as bathing and dressing remained problematic. The applicant posited that his ability to bathe and dress himself had been ameliorated as a result of ongoing medication consumption. The applicant was on Norco, Naprosyn, Protonix, tramadol, and Ambien, it was reported, several of which were refilled. Once again, the applicant's work status was not explicitly stated, although it did not appear that the applicant was working with previously imposed permanent limitations.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 Q 8 Hrs PRN #90: 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 as a result of the same. Here, however, it did not appear that the applicant was working following imposition of permanent work restrictions. While the attending provider did recount some low-grade reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to bath and dress himself as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.