

Case Number:	CM15-0118861		
Date Assigned:	06/29/2015	Date of Injury:	01/10/2003
Decision Date:	07/30/2015	UR Denial Date:	06/08/2015
Priority:	Standard	Application Received:	06/19/2015

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 Excel Managed Care beneficiary who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of January 10, 2003. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a June 2, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing complaints of low back pain, 6-7/10, with associated stiffness, exacerbated by rotating and twisting. Ancillary complaints of shoulder pain were reported. The attending provider stated that the applicant's medications were beneficial in terms of reducing her pain scores by 90%. The attending provider stated in one section of the note that the applicant was working full time as a result of ongoing medication consumption. The applicant was on Norco, Flexeril, and a topical compounded medication, it was reported. The attending provider then stated, somewhat incongruously, in another section of the note, that the applicant's ability to exercise and transfer had been diminished because of ongoing pain complaints. Norco and a topical compounded medication were renewed. The applicant was permanent and stationary, it was reported. On May 11, 2015, the attending provider reported highly variable 3-5/10 pain complaints. The attending provider again stated that the applicant was maintaining full-time employment, reportedly effected because of ongoing medication consumption. The applicant reported 90% pain relief with medication, it was reported. Norco and the topical compounded medication in question were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Overturned

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: Yes, the request for Norco, a short-acting opioid, was 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 because of the same. Here, the applicant had apparently returned to and had maintained full-time work status because of ongoing medication consumption, the attending provider reported on multiple progress notes of May 2015, referenced above. The applicant was deriving 90% analgesia from medication consumption, the treating provider reported. The attending provider also suggested that the applicant's ability to perform various activities of daily living had likewise been ameliorated because of ongoing medication consumption, including ongoing Norco usage. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.