

Case Number:	CM15-0119350		
Date Assigned:	06/29/2015	Date of Injury:	07/09/2007
Decision Date:	07/30/2015	UR Denial Date:	05/15/2015
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 30-year-old [REDACTED] who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 9, 2007. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on May 12, 2015 and an associated progress note of April 24, 2015 in its determination. The applicant's attorney subsequently appealed. On November 11, 2014, the applicant was given refills of Norco and Neurontin. On April 24, 2015, the applicant reported ongoing complaints of low back pain reportedly attributed to myofascial pain. 9/10 pain without medications versus 4/10 pain with medications was reported. The attending provider stated that her medications were ameliorating her ability to walk. Both Norco and Neurontin were renewed. Permanent work restrictions were also renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitation in place. On June 24, 2015, the applicant again reported 9-10/10 pain without medications versus 4/10 pain with medications. The attending provider maintained that the applicant's ability to walk daily had been ameliorated as a result of ongoing medication consumption. Once again, Norco, Neurontin, and the applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #120 with 2 refills: 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, the applicant's work status was not clearly outlined on multiple office visits, referenced above, including on April 24, 2015 and on June 24, 2015, although the attending provider suggested (but did not clearly state) that the applicant was not working with permanent limitations in place. While the attending provider did report a 50% reduction in pain scores with ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to clearly report the applicant's work status and/or identify meaningful, material improvements in function effected as a result of ongoing Norco usage (if any). The attending provider's commentary to the effect that the applicant's ability to walk had been ameliorated as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.