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| Case Number: | CM15-0119731 | | |
| Date Assigned: | 06/30/2015 | Date of Injury: | 06/11/2001 |
| Decision Date: | 07/30/2015 | UR Denial Date: | 06/08/2015 |
| Priority: | Standard | Application Received: | 06/22/2015 |

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 represented 36-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 11, 2001. In a Utilization Review report dated June 8, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 26, 2015 RFA form and associated progress note of May 21, 2015 in its determination. The applicant's attorney subsequently appealed. On May 21, 2015, the applicant reported ongoing complaints of low back pain radiating to the left leg, 9/10. The applicant was using six tablets of Norco on a daily basis. The applicant was also using Motrin and occasionally employing Valium for antispasmodic effect. The applicant stated that her pain complaints were 4/10 with medications versus 10/10 without medications. The applicant stated his pain scores were reduced by 50% as a result of ongoing medication consumption. The applicant stated that he is working on a part-time basis for his brother as a tractor driver on a local farm. The applicant was given an injection of Dilaudid in the clinic setting owing to flare of pain. Norco, Motrin, Valium and Gralise were recommended. The applicant was asked to return to work with self-modifications. In an earlier note dated April 20, 2015, the applicant again reported a flare of pain. The attending provider again maintained that the applicant's ability to work on a part-time basis had been ameliorated as a result of ongoing medication consumption. 4/10 pain with medications versus 10/10 pain without medications was reported. A Toradol injection was given on this occasion. Norco, Valium, and Motrin were renewed. In an earlier note dated March 20, 2015, the applicant again reported a severe flare of pain. 4/10 pain with medications versus 10/10 pain without medications was reported. Once again, the applicant

was given a Toradol injection while Norco, Motrin, and Valium were renewed. In an earlier note dated February 20, 2015, the applicant reported worsening, severe low back pain radiating to the left leg. A Toradol injection was given on that occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1-2 tablet 3 times a day (limit 6 per day) #180: 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; Opioids, differentiation: dependence & addiction; Functional Restoration Approach to Chronic Pain Management Page(s): 80; 86; 7.

Decision rationale: No, the request for Norco, a short-acting opioid, is 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, while the attending provider did report 50% reduction in pain scores in multiple office visits referenced above, these reports were, however, outweighed by the applicant's continued, frequent presentation in the clinic setting alleging flares of pain, including January 26, 2015, February 27, 2015, March 26, 2015, April 22, 2015, and May 21, 2015. On each of those dates, the applicant presented to the clinic alleging a flare in pain. The applicant was given intramuscular injections at various times including Dilaudid, Phenergan and Toradol at various points in time. The applicant's frequent returns to the clinic alleging flares of severe pain outweighed the attending provider's reports of 50% reduction in pain scores reportedly achieved as a result of ongoing medication consumption, and also outweighed statements made by the attending provider to the effect that the applicant had returned to work on a part-time, informal basis for his brother as a tractor driver. As noted on page 86 of the MTUS Chronic Pain Medical Treatment Guidelines, frequent visits to the Pain Center alleging flares in pain do represent a form of an aberrant behavior. Here, as noted above, the applicant continued to present on almost a monthly basis alleging flares in pain of various kinds requiring intramuscular injections of various kinds. Page 7 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that an attending provider tailor medications and dosages to the specific applicant taking into consideration applicant-specific variables such as "other medications". Here, however, the attending provider did not clearly state why he was prescribing two potentially sedating medications, Norco and Valium, to an individual who was reportedly working in a safety-sensitive role as a tractor driver. Therefore, the request is not medically necessary.