

Case Number:	CM15-0124031		
Date Assigned:	07/08/2015	Date of Injury:	03/30/2010
Decision Date:	08/11/2015	UR Denial Date:	06/01/2015
Priority:	Standard	Application Received:	06/26/2015

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 64-year-old who has filed a claim for chronic low back (LBP) reportedly associated with an industrial injury of March 30, 2010. In a Utilization Review report dated June 1, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 1, 2015 RFA form and associated office visit of the same date in the determination. The applicant's attorney subsequently appealed. On May 1, 2015, the applicant reported ongoing complaints of low back pain, 9-10/10 without medications versus 6-7/10 with medications. The applicant was on Norco for pain relief. Norco was renewed. The attending provider stated that the applicant's ability to perform activities of self-care had been ameliorated as a result of ongoing medication consumption. The applicant was given various diagnoses, including that of chronic intractable pain. The applicant's work status was not explicitly detailed. On March 24, 2015, the applicant reported 7-8/10 pain with medications versus 10/10 pain without medications. Norco was refilled. Once again, the applicant was given various diagnoses, including that of chronic intractable pain. Drug testing was again ordered on this date. The applicant's work status, once again, was not outlined.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 120.00: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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, the applicant's work status was not outlined on progress notes of May 1, 2015 and March 24, 2015, referenced above, suggesting that the applicant was not, in fact, working. While the attending provider did recount a reduction in pain scores reportedly achieved as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to report the applicant's work status and the attending provider's failure to outline meaningful, material, or substantive improvements in function effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that the applicant's ability to perform activities of self-care as a result of ongoing medication consumption did not 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.