

Case Number:	CM15-0124127		
Date Assigned:	07/08/2015	Date of Injury:	12/27/2007
Decision Date:	08/11/2015	UR Denial Date:	06/10/2015
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 34-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of December 27, 2007. In a Utilization Review report dated June 10, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a May 12, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On April 6, 2015, the applicant reported ongoing complaints of low back pain with radiation of pain to the left leg. The applicant reported difficulty with standing and walking tasks. The applicant had recently attended aquatic therapy with some reported benefit, it was acknowledged. The applicant had undergone multiple prior lumbar spine surgeries in 2011 and 2012, it was reported. The applicant was on Norco, Neurontin, Norflex, ketoprofen, Prilosec, and Flexeril, it was reported. The attending provider stated that the applicant's medications allowed the applicant to walk and sit longer while acknowledging that the applicant had failed to return to work. The applicant reported 7/10 pain without medications versus 4 to 5/10 pain with medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids, weaning of medication.

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 was off of work, it was reported on April 6, 2015 and had not worked since December 2007. While the attending provider did recount some reduction in pain scores reportedly achieved 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, material, and/or substantive improvements in function effected as a result of ongoing opioid usage. The attending provider's commentary to the effect that applicant's ability to sit and stand had been ameliorated as a result of ongoing medication consumption did not constitute evidence of a meaningful or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.