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| Case Number: | CM15-0124406 | | |
| Date Assigned: | 07/08/2015 | Date of Injury: | 01/01/2008 |
| Decision Date: | 08/11/2015 | UR Denial Date: | 06/04/2015 |
| Priority: | Standard | Application Received: | 06/29/2015 |

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 1, 2008. In a Utilization Review report dated June 4, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on May 26, 2015 in its determination. The applicant's attorney subsequently appealed. In a qualified medical evaluation (QME) dated April 2, 2015, it was acknowledged that the applicant was off of work, was unemployed, and had not worked since May 2013. The applicant had been terminated by his former employer, it was reported. The applicant had ongoing complaints of low back pain, it was acknowledged. The applicant was using Norco, tramadol, Motrin, and various dietary supplements via qualified medical evaluator (QME) reported. QME also noted that the applicant had difficulty performing activities of daily living which includes bending, stooping, lifting, and sitting. On April 16, 2015, the applicant was placed off of work, on total temporary disability, while Norco, tramadol, Flexeril, and Protonix were renewed and/or continued, without any seeming discussion of medication efficacy. 7/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg 90 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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, 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, however, the applicant was off of work, on total temporary disability, it was acknowledged on an April 16, 2015 progress note, referenced above. A medical-legal evaluator reported on April 2, 2015 that the applicant had been terminated by his former employer and continued to report difficulty performing activities of daily living as basic as bending, stooping, lifting, and sitting. Pain complaints as high as 7/10 were reported on April 16, 2015, despite on Norco usage. All of the foregoing, taken together, strongly suggested that the applicant was not, in fact, profiting from ongoing Norco usage. Therefore, the request is not medically necessary.