

Case Number:	CM15-0125188		
Date Assigned:	07/09/2015	Date of Injury:	01/09/2002
Decision Date:	08/11/2015	UR Denial Date:	06/25/2015
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 [REDACTED] beneficiary who has filed a claim for chronic low back (LBP) with derivative complaints of depression, anxiety, and mood disturbance reportedly associated with an industrial injury of January 9, 2002. In a Utilization Review report dated June 25, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 18, 2015 in its determination, along with an associated progress note of April 6, 2015. The applicant's attorney subsequently appealed. On June 1, 2015, the applicant reported complaints of knee and back pain. The applicant's pain complaints had heightened, it was reported. The applicant was having difficulty ambulating. The applicant was using Klonopin on a twice-daily basis for anxiolytic effect, it was reported. The applicant was using Norco at a rate of four times a day, it was suggested. The applicant's work status was not detailed. On May 4, 2015, the applicant was asked to reduce usage of Klonopin. The applicant was also using other psychotropic medications, including Effexor, Prozac, and Zyprexa, it was reported. Once again, the applicant's work status was not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 Tabs of Norco 10/325 MG: 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, however, the applicant's work status was not outlined on multiple progress notes, referenced above, including on June 1, 2015, May 4, 2015, or April 6, 2015. The attending provider suggested on June 1, 2015 that the applicant's pain complaints were heightened at that point in time. The applicant's ability to ambulate was constrained, it was reported on that date. The attending provider failed to outline meaningful, material, or substantive improvements in function or quantifiable decrements in pain (if any) on multiple progress notes, referenced above. Therefore, the request was not medically necessary.