

Case Number:	CM15-0127094		
Date Assigned:	07/13/2015	Date of Injury:	02/23/2002
Decision Date:	08/11/2015	UR Denial Date:	06/02/2015
Priority:	Standard	Application Received:	07/01/2015

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 69-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of February 23, 2002. In a Utilization Review report dated June 2, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 25, 2015 RFA form and an associated progress note of May 4, 2015 in its determination. The claims administrator also referenced previous Utilization Review reports in its determination. The applicant's attorney subsequently appealed. On December 9, 2014, the applicant reported ongoing complaints of left leg and thigh pain. The applicant was using Norco for pain relief. The applicant had undergone earlier failed lumbar spine surgery. Permanent work restrictions were renewed. The attending provider suggested that the applicant's current regimen was favorable but did not elaborate further. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On May 4, 2015, the applicant again reported ongoing complaints of low back pain status post earlier failed fusion surgery. Ancillary complaints of neck and mid back pain were reported. Norco was renewed. Once again, it was not clearly stated whether the applicant was or was not working at this point, although this did not appear to be the case. 4-5/10 pain complaints were reported. The attending provider stated that the applicant's pain medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10-325mg #60 times six months: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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's work status was not clearly articulated on multiple office visits, referenced above, although it did not appear that the applicant was working following imposition of permanent work restrictions. While the applicant's pain management physician reported on May 4, 2015 that the applicant's medications were beneficial, the applicant's benefits were not quantified. The applicant's pain management physician, in addition to failing to outline the applicant's work status, likewise failed to outline the presence of meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request is not medically necessary.