

Case Number:	CM15-0128019		
Date Assigned:	07/14/2015	Date of Injury:	06/17/2003
Decision Date:	08/11/2015	UR Denial Date:	06/13/2015
Priority:	Standard	Application Received:	07/02/2015

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 pain (LBP) reportedly associated with an industrial injury of June 17, 2003. In a Utilization Review report dated June 30, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. A second request for Norco was denied outright. The claims administrator referenced an RFA form and associated progress note of May 28, 2015 in its determination. The applicant's attorney subsequently appealed. On said May 28, 2015 progress note, the applicant reported ongoing complaints of low back pain radiating into the bilateral lower extremities. The note was quite difficult to follow as it mingled historical issues with current issues. The applicant had received epidural steroid injection therapy at various points over the course of the claim, it was reported. The attending provider stated that the applicant was using two to three tablets of Norco daily. The attending provider posited that the applicant was improved as a result of ongoing medication consumption and stated that the applicant's ability to perform activities of self-care and personal hygiene, including showering himself, getting dressed, and walking had all been ameliorated as a result of medication consumption. The applicant was still smoking, it was acknowledged. The applicant's medications included Norco, Lyrica, and Flexeril, it was reported. The applicant was permanent and stationary, it was stated in the claims history section of the note. It did not appear that the applicant was working with said limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription for Norco 10/325mg #60 with 1 refill: 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, 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 clearly outlined on May 28, 2015, although it was suggested (but not clearly stated) that the applicant was not working following imposition of permanent work restrictions. While the attending provider did recount some reported reduction in pain scores effected 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, and/or substantive improvements in function effected as a result of ongoing Norco usage (if any). The attending provider's commentary to the effect that the applicant's ability to perform self-care, personal hygiene, shower, and walk as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.