

Case Number:	CM15-0174259		
Date Assigned:	09/16/2015	Date of Injury:	07/30/2003
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/03/2015

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 59-year-old who has filed a claim for chronic low pain (LBP) reportedly associated with an industrial injury of July 30, 2003. In a Utilization Review report dated August 20, 2015, the claims administrator approved a request for trazodone while failing to approve requests for Norco and Norflex. An August 11, 2015 date of service was referenced in the determination. The applicant's attorney subsequently appealed. In a 7-page appeal letter dated September 17, 2015, the attending provider appealed previously denied Norco and Norflex, stating that the applicant's pain complaints have been attenuated with the same. In an associated progress note of August 4, 2015, the applicant reported 8/10 low back pain, exacerbated by bending and lifting. The applicant was using a cane to move about. The applicant was reportedly working full time; it was stated in certain sections of the notes. The attending provider contented that the ongoing usage of Norco was attenuating the applicant's pain complaints from 8/10 to 5/10 and was increasing the applicant's walking and bending tolerance. The applicant was asked to return to work, continue using a cane, and continue using Norco, Norflex, and Desyrel. It was suggested that the applicant was working with a 10 pound lifting limitation imposed on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 90: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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 had apparently returned to full-time work, it was reported on August 11, 2015. The applicant reported a reduction in pain scores from 8/10 without medications versus 5/10 with medications, it was acknowledged on that date. The applicant's walking and bending tolerance had reportedly been ameliorated as a result of ongoing Norco usage. Continuing the same, on balance, thus was seemingly indicated. Therefore, the request was medically necessary.

Norflex ER 100 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Muscle relaxants (for pain).

Decision rationale: Conversely, the request for Norflex, a muscle relaxant, was not medically necessary, medically appropriate, or indicated here. While page 63 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that muscle relaxants such as Norflex are recommended with caution as second line options to combat acute exacerbations of chronic low back pain, here, however, the 30-tablet renewal request of Norflex at issue, in and off itself, represented treatment in excess of the short-term role for which muscle relaxants are espoused, per page 63 of the MTUS Chronic Pain Medical Treatment Guidelines. Therefore, the request was not medically necessary.