

Case Number:	CM15-0175530		
Date Assigned:	10/12/2015	Date of Injury:	04/02/2005
Decision Date:	11/30/2015	UR Denial Date:	08/17/2015
Priority:	Standard	Application Received:	09/07/2015

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 has filed a claim for low back pain (LBP) reportedly associated with an industrial injury of April 2, 2005. In a Utilization Review report dated August 17, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an August 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On RFA forms dated August 11, 2015, Norco, Motrin, and Prilosec were endorsed. On an associated progress note dated August 11, 2015, the applicant reported ongoing complaints of low back pain, exacerbated by activities of daily living as basic as bending, standing, and sitting. The applicant's medications included Xanax, Prilosec, Norco, losartan-hydrochlorothiazide, Inderal, Motrin, and Flonase, it was reported. The applicant's BMI was 33, it was reported. The applicant reported derivative complaints of sleep disturbance. Multiple medications were renewed. Permanent work restrictions imposed by a medical-legal evaluator were likewise renewed. It was suggested (but not clearly stated) that the applicant was not working with said limitation in place, the attending provider stated. The applicant presented to follow up on issues with pain and disability associated with her industrial injury.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain chapter Opioids.

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

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 was not working on August 11, 2015, the treating provider suggested. The applicant reported difficulty performing activities of daily living as basic as sitting, standing, and bending. It did not appear, in short, that the applicant profited with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.