MAXIMUS Federal Services

Case Number:	CM15-0175797		
Date Assigned:	09/17/2015	Date of Injury:	03/06/2003
Decision Date:	10/23/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/08/2015

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 March 6, 2003. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note dated August 14, 2015 in its determination. The applicant's attorney subsequently appealed. On August 14, 2015, the applicant reported ongoing complaints of low back pain status post earlier failed lumbar laminectomy surgery. The applicant's medications included Neurontin, Nexium, Norco, Skelaxin, captopril, Plavix, aspirin, and Flomax. 3/10 with pain with medications versus 8/10 without medications was reported. The applicant also had undergone cervical spine surgery, it was incidentally noted. The applicant's BMI was 30. The attending provider stated that the applicant's pain complaints were waking her up at night in several sections of the note. A new TENS unit was sought. The attending provider stated that the applicant was using Norco at a rate of four to five times daily. Permanent work restrictions were endorsed. The attending provider suggested (but not clearly stated) that the applicant was not working with said limitations in place. The attending provider stated that in one section of the note that the applicant's energy levels were improved with ongoing medication consumption, but did not seemingly elaborate further. In an essentially identical note dated July 10, 2015, the attending provider again stated the applicant had 3/10 pain with medications versus 8/10 without medications. The attending provider again stated the applicant's energy levels were improved with ongoing medication consumption. The note was very difficult to follow as it mingled

historical issues with current issues. Replacement TENS unit was sought while multiple medications were continued and/or renewed. The applicant's permanent work restrictions were renewed. The applicant was asked to consider a cervical epidural steroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill: 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): 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, progress notes of July 10, 2015 and August 14, 2015 suggested (but did not clearly stated) the applicant was not working with permanent work restrictions imposed by an Agreed Medical Evaluator in place. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications versus 3/10 with medications on both August 14, 2015 and July 10, 2015, these reports were, however, outweighed by the applicant's seemingly failure to return to work and the attending provider failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.