MAXIMUS Federal Services

Case Number:	CM15-0178424		
Date Assigned:	10/12/2015	Date of Injury:	11/15/2002
Decision Date:	11/30/2015	UR Denial Date:	08/08/2015
Priority:	Standard	Application Received:	09/10/2015

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 50-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 15, 2002. In a Utilization Review report dated August 8, 2015, the claims administrator failed to approve a request for Norco while conditionally denying 12 sessions of physical therapy. An RFA form received on July 22, 2015 and an associated progress note dated July 7, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On said July 7, 2015 office visit, the applicant reported unchanged complaints of low back pain, 7-8/10. Standing, walking, and sleeping remained problematic, the treating provider reported. The applicant exhibited visible limp. The applicant had undergone earlier failed lumbar spine surgery and a spinal cord stimulator implant, the treating provider reported. The applicant's medication list included Norco, the treating provider acknowledged. Permanent work restrictions and medications were renewed. No seeming discussion of medication efficacy transpired. The applicant was still smoking, it was acknowledged. It was not explicitly stated whether the applicant was or was not working with permanent limitations in place, although this did not appear to be the case. A June 22, 2015 Medical-legal Evaluation was notable for commentary to the effect that the applicant was clearly a qualified injured worker, suggesting that the applicant was not, in fact, working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg, #50: 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: 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 off of work and deemed a qualified injured worker, it was reported on July 7, 2015. The applicant reported pain complaints as high as 7-8/10 on August 11, 2015, despite ongoing Norco usage. The attending provider reported on August 11, 2015 that Norco did not provide much pain relief. Standing and sleeping remained problematic, the treating provider reported on that date. All of the foregoing, taken together, strongly suggested that the applicant had failed to profit from 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.