

Case Number:	CM15-0178739		
Date Assigned:	09/21/2015	Date of Injury:	07/06/2004
Decision Date:	10/29/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/11/2015

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 42-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of July 6, 2004. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on August 11, 2015 and an associated progress note of March 23, 2015 in its determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of low back pain radiating to the legs. The applicant's medication list included Fexmid, Lunesta, Nalfon, Prilosec, Tramadol, Norco, Neurontin, Ambien, and several topical compounds, all of which the applicant was asked to continue using. The attending provider contended that the applicant's pain scores were reduced with ongoing medication consumption, but did not elaborate further. The applicant was placed off of work, on total temporary disability. On August 1, 2015, the applicant was again asked to remain off of work, on total temporary disability, while multiple medications, including Norco, were renewed and/or continued.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 because of the same. Here, however, the applicant was placed off of work, on total temporary disability, on office visit of August 1, 2015 and September 8, 2015, referenced above. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing medications consumption, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline 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.