MAXIMUS Federal Services

Case Number:	CM15-0179219		
Date Assigned:	09/21/2015	Date of Injury:	02/12/2002
Decision Date:	10/29/2015	UR Denial Date:	08/18/2015
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 60-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of vertigo and fibromyalgia reportedly associated with an industrial injury of February 12, 2002. In a utilization review report dated August 18, 2015, the claims administrator failed to approve a request for Norco. An August 10, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On September 8, 2015, the applicant reported ongoing complaints of neck, low back, and shoulder pain. The applicant was using medical marijuana along with Norco, it was reported. The applicant stated that her pain complaints were reduced by 50% as a result of ongoing Norco usage. Both Norco and Zanaflex were renewed. The applicant's work status was not detailed, although it did not appear the applicant was working with permanent limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #60: 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, is not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids has been suggested for individuals who are engaged in evidence of illicit substance abuse. Here, the applicant was described on September 8, 2015 as concurrently using Norco, an opioid agent, in conjunction with marijuana, an illicit substance. Immediate discontinuation of Norco thus, represented a more appropriate option than continuing the same, per page 79 of the MTUS Chronic Pain Medical Treatment Guidelines.