

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM15-0026939 | | |
| Date Assigned: | 02/19/2015 | Date of Injury: | 10/15/2002 |
| Decision Date: | 04/02/2015 | UR Denial Date: | 01/14/2015 |
| Priority: | Standard | Application Received: | 02/12/2015 |

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:

In a Utilization Review Report dated January 14, 2015, the claims administrator failed to approve a request for Norco, a short-acting opioid. The claims administrator referenced a January 5, 2015 progress note in its determination. The claims administrator contended that the applicant had failed to profit from the same. A December 31, 2014 progress note was also referenced in the denial. The applicant's attorney subsequent appealed. On January 20, 2015, the applicant reported constant low back pain, 10/10 without medications versus 4-8/10 with medications. The applicant was receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was noted. The applicant was using Norco for four to five times daily. Multiple medications were renewed, including Norco, Neurontin, Protonix, and oxybutynin. The attending provider contended that the applicant's medications were beneficial but did not elaborate further. On December 31, 2014, the applicant again reported 9/10 pain at present, at best 4/10 with medications and 10/10 without medications. The applicant was not working, receiving both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was noted. Norco, Neurontin, Protonix, and oxybutynin were renewed. The attending provider stated that the applicant's medications were beneficial but, once again, failed to elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #140: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20, 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

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/is off of work. The applicant was using both Workers Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider acknowledged. While the treating provider did outline some reduction in pain scores reportedly effected as a result of ongoing medication consumption, these are/were, however, outweighed by the applicant's failure to return to work. The attending provider has failed to outline any meaningful or material improvements in function effected as a result of the same. Therefore, the request was not medically necessary.