

Case Number:	CM15-0037968		
Date Assigned:	03/06/2015	Date of Injury:	06/03/2011
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/02/2015

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 58-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 3, 2011. In a Utilization Review Report dated February 7, 2015, the claims administrator failed to approve a request for Norco. A January 21, 2015 progress note was reference in the determination along with a variety of MTUS and non-MTUS Guidelines. The applicant's attorney subsequently appealed. On June 2, 2014, the attending provider acknowledged that the applicant was not working owing to various chronic low back pain issues, lower extremity paresthesias, headaches, and depressive symptoms. 8/10 pain complaints were reported. The applicant was using Norco, Frova, Lidoderm, Maxalt, Zantac, tizanidine, Colace, aspirin, and Tenormin, it was acknowledged. The applicant was described as "permanently disabled." The attending provider stated that the applicant was no longer abusing heroin. The applicant was given a Toradol injection for an alleged flare in pain. The applicant was described as having undergone an earlier failed lumbar spine surgery. On November 25, 2014, the applicant reported persistent complaints of low back pain, headaches, nausea, photophobia, depression, anxiety, and psychological stress. The applicant was again described using Lidoderm, Zantac, Frova, Norco, tizanidine, Colace, aspirin, and Tenormin. A TENS unit, lumbar support, Cymbalta, Frova, tizanidine, and Norco were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid agent, 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 has been deemed permanently disabled and is apparently receiving both worker's compensation indemnity benefits and disability insurance benefits. The applicant continues to report pain complaints as high as 8/10, despite ongoing Norco usage. The attending provider, in short, failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.