

Case Number:	CM15-0037974		
Date Assigned:	03/06/2015	Date of Injury:	06/07/1993
Decision Date:	04/15/2015	UR Denial Date:	01/29/2015
Priority:	Standard	Application Received:	02/27/2015

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 65-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of June 7, 1993. In a Utilization Review Report dated January 29, 2015, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The claims administrator referenced an RFA form of January 26, 2015 and a report of January 15, 2015 in its determination. The applicant's attorney subsequently appealed. On January 15, 2015, the applicant reported present complaints of 9/10 low back pain. The applicant stated that her pain complaints ranged from 4/10 with the medications to 10/10 without medications. The applicant was given a Toradol injection. The applicant apparently had comorbidities including COPD and generalized anxiety disorder, which were impeding and delaying her recovery. Norco was renewed. The attending provider stated that Norco was beneficial but did not elaborate further. The applicant's work status was not stated. On December 16, 2014, the applicant reported persistent complaints of low back pain. The applicant was having difficulty standing and walking. The applicant was not working in the process of applying for Social Security Disability Insurance (SSDI), it was acknowledged. Toradol injection was administered. Norco was again refilled. The applicant was using three tablets of Norco daily, it was stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

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

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

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 no longer working. The applicant was receiving workers compensation indemnity benefits and was apparently in the process of applying for disability insurance benefits, the treating provider acknowledged on December 16, 2014. The applicant presented on both December 16, 2014 and January 15, 2015 reporting flares in pain. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.