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| Case Number: | CM15-0065220 | | |
| Date Assigned: | 04/13/2015 | Date of Injury: | 08/09/2013 |
| Decision Date: | 05/12/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/06/2015 |

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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of August 9, 2013. In a Utilization Review report dated April 6, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note and RFA form of February 11, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated February 11, 2015, the applicant reported 7/10 low back pain, exacerbated by standing and walking. The attending provider maintained that the applicant's medications were beneficial. The applicant was given a refill of Norco. The applicant was given work restrictions, although it did not appear that the applicant was working with said limitations in place. The applicant was also using Motrin, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #90 (2/11/15): Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-48, 115, Chronic Pain Treatment Guidelines opioids. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)-pain chapter- opioids for chronic pain.

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, 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's work status was not clearly outlined on February 11, 2015, although it did not appear that the applicant was working with previously imposed limitations in place. The fact that the applicant continued to report pain complaints as high as 7/10 and continued to report difficulty performing activities of daily living as basic as standing and walking, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.