

Case Number:	CM15-0068569		
Date Assigned:	04/16/2015	Date of Injury:	05/31/2013
Decision Date:	05/19/2015	UR Denial Date:	03/12/2015
Priority:	Standard	Application Received:	04/10/2015

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 47-year-old who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 31, 2013. In a Utilization Review report dated March 12, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. A RFA form received on March 4, 2015 and associated progress note of February 18, 2015, were referenced in the determination. The applicant's attorney subsequently appealed. On October 13, 2014, the applicant received lumbar medial branch blocks and facet joint injections. On March 13, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of low back pain, exacerbated by sitting, standing, walking and bending. Motrin, Neurontin, 12 sessions of physical therapy and a pain management consultation were endorsed. The applicant's complete medications list was not, however, detailed. On October 7, 2014, the applicant was apparently given a refill of Norco and placed off of work, on total temporary disability. Once again, the applicant's complete medication list was not, however, furnished. On November 10, 2014, the applicant was placed off of work, on total temporary disability. Norco, acupuncture, and physical therapy were endorsed. Sitting and standing remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 91.

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 result of the same. Here, however, the applicant was off of work, on total temporary disability, it was acknowledged, despite ongoing Norco usage. The applicant continued to report ongoing complaints of low back pain, constant, exacerbated by activities of daily living as basic as sitting, standing, walking and bending, it was reported on several occasions. Ongoing usage of Norco, in short, does not appear to have proven beneficial here. Therefore, the request was not medically necessary.