

Case Number:	CM15-0069884		
Date Assigned:	04/17/2015	Date of Injury:	01/17/2006
Decision Date:	05/19/2015	UR Denial Date:	03/18/2015
Priority:	Standard	Application Received:	04/13/2015

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 39-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 17, 2006. In a Utilization Review report dated March 18, 2015, the claims administrator partially approved request for Norco, apparently for tapering or weaning purposes. The claims administrator referenced a March 12, 2015 RFA form and associated progress note of the same date in its determination. The applicant's attorney subsequently appealed. On March 12, 2015, the applicant reported ongoing complaints of low back, sacroiliac joint, pelvic, hip, knee, leg, and foot pain, 10/10 at worst versus 7/10 at best. Walking, standing, sitting, and driving remained problematic. The applicant had developed issues with psychological stress, depression, and anxiety, it was acknowledged. Lumbar MRI imaging, lumbar support, an interferential stimulator device, a topical compounded medication, and Norco were endorsed, while the applicant was placed off of work, on total temporary disability. The applicant had had six epidural steroid injections and earlier failed spine surgery, it was acknowledged. It was suggested (but not clearly stated) that the request represented a renewal request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #80: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of Medications Page(s): 74-95, 124.

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 was off of work, it was acknowledged, on total temporary disability, as of March 12, 2015. While the applicant did apparently report some reduction in pain scores from 10/10 without medications to 7/10 with medications, this was, however, outweighed by the applicant's seemingly failure to return to work and the attending provider's reports that the applicant was still having difficulty performing activities of daily living as basic as standing, walking, sitting, driving, etc. Therefore, the request was not medically necessary.