

Case Number:	CM15-0077852		
Date Assigned:	04/29/2015	Date of Injury:	05/18/1998
Decision Date:	05/28/2015	UR Denial Date:	04/03/2015
Priority:	Standard	Application Received:	04/23/2015

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 who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 18, 1998. In a Utilization Review report dated April 30, 2015, the claims administrator failed to approve a request for Norco. A partial approval was apparently granted for weaning or tapering purposes, it was incidentally noted. The claims administrator referenced a March 25, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On March 25, 2015, the applicant was in fact given renewals of Norco, Cymbalta, Valium, Voltaren gel, and Lidoderm patches. Ongoing complaints of low back pain were noted with ancillary complaints of abdominal pain. The applicant was status post earlier right shoulder surgery and a right hip corticosteroid injection. The applicant had developed derivative symptoms of depression, it was stated. 3-5/10 pain with medications versus 8/10 without medications were reported. Sitting, standing, and walking remained problematic, despite ongoing medication consumption. Norco, Cymbalta, Valium, Protonix, Voltaren gel, and Lidoderm patches were prescribed, renewed, and/or continued. The applicant's work status was not stated. In a December 17, 2014 progress note, the applicant reported ongoing complaints of hip, low back, and neck pain. The applicant was using Relafen, topical Lidoderm patches, Norco up to four times daily, Valium for muscle spasms. Voltaren gel, and Cymbalta, it was acknowledged. Multiple medications were renewed. The applicant was not working and had been deemed "disabled" the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablet, 5/325mg 1-2 four (4) times per day, #240: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), 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 was no longer working and had been deemed "disabled" it was reported on December 17, 2014. While the attending provider did recount some reduction in pain scores with medication consumption on March 25, 2015, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful material improvements in function (if any) effected as a result of ongoing Norco usage. The fact that the applicant was still having difficulty performing activities of daily living as basic as sitting, standing, and walking on March 25, 2015, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy and, furthermore, outweighed the subjective reports of reduction in pain scores effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.