MAXIMUS Federal Services

Case Number:	CM15-0078431		
Date Assigned:	04/29/2015	Date of Injury:	06/21/2011
Decision Date:	05/28/2015	UR Denial Date:	03/23/2015
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 46-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of June 21, 2011. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on March 13, 2015 was referenced in the determination, as was a progress note dated March 3, 2015. The claims administrator noted that the applicant had undergone earlier knee and spine surgeries. The claims administrator contended that the applicant had failed to profit from the medications in question. The applicant's attorney subsequently appealed. On September 30, 2014, the applicant reported ongoing complaints of low back pain, 10/10, severe. The applicant was using Norco, tramadol, and Ultracet for pain relief. Multiple medications were refilled while the applicant was asked to transfer care elsewhere. On March 3, 2015, the applicant reported ongoing complaints of low back pain status post earlier lumbar spine surgery on January 7, 2015. 8-9/10 pain complaints were reported, with radiation of pain to the left lower extremity. Norco, Prilosec, physical therapy, and Robaxin were renewed without any explicit discussion of medication efficacy. The applicant did report derivative complaints of depression and anxiety, it was further noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

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

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 suggested (but not clearly stated) above. The applicant continued to report pain complaints as high as 8-9/10 on March 3, 2015. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing opioid usage on the March 3, 2015 progress note in question. Therefore, the request was not medically necessary.