

Case Number:	CM15-0095564		
Date Assigned:	05/22/2015	Date of Injury:	11/14/2012
Decision Date:	07/01/2015	UR Denial Date:	05/04/2015
Priority:	Standard	Application Received:	05/18/2015

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 neck and low back pain reportedly associated with an industrial injury of November 14, 2012. In a Utilization Review report dated May 4, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on April 27, 2015 and associated progress note of April 15, 2015 in its determination. The applicant's attorney subsequently appealed. On April 15, 2015, the applicant reported ongoing complaints of low back and neck pain, 5/10. Some radiation of pain to the bilateral legs was evident. The applicant was not working, it was acknowledged. The applicant's medications included Norco, capsaicin, glipizide, Zestril, metformin, and Mevacor, it was reported. Multiple medications were endorsed while the applicant's permanent work restrictions were renewed. In an earlier note dated February 4, 2015, the attending provider again noted that the applicant was not working and apparently filled out a request for the applicant to obtain transportation to and from appointments.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-80, 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 a result of the same. Here, however, the applicant was off of work, it was acknowledged on April 15, 2015. In a progress note of that date, the attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.