

Case Number:	CM15-0096747		
Date Assigned:	05/27/2015	Date of Injury:	10/23/1985
Decision Date:	07/02/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	05/19/2015

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 59-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 23, 1985. In a Utilization Review report dated May 6, 2015, the claims administrator failed to approve three separate requests for Norco. The attending provider apparently furnished the applicant with staggered prescriptions for Norco to fill sequentially over the span of several months. Lyrica, however, was apparently approved. A RFA form dated April 30, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In said RFA form of April 30, 2015, Lyrica and multiple prescriptions for Norco were endorsed. In an associated progress note dated April 30, 2015, the applicant was described as having ongoing complaints of neck and low back pain status post earlier failed cervical and lumbar fusion surgeries. The applicant was using Norco at a rate of two tablets a day, it was acknowledged. The attending provider maintained that usage of Norco had attenuated the applicant's pain complaints from severe to mild. Burning pain complaints and paresthesias were reported. The applicant's medication list included Hydrochlorothiazide, Levoxyl, Lipitor, Neurontin, Flomax, Claritin, Avodart, Norco, and vitamin B12, it was reported. The applicant was severely obese, with a BMI of 46. Multiple medications were renewed. The applicant was asked to taper off of Neurontin and begin Lyrica. Lidoderm patches were also ordered. The applicant's work status was not detailed. Toward the top of the report, the applicant was described as having issues with gait instability. On February 6, 2015, the applicant was again described as having constant, worsening back and neck pain with a recent flare of the same. The attending provider again reported that the applicant's usage of Norco reduced the applicant's pain scores from severe to mild. The applicant was using Norco, Neurontin, and a TENS unit, it was reported. The attending provider stated that

Norco was beneficial but did not elaborate further. Once again, the applicant's work status was not detailed. In an applicant questionnaire dated February 2, 2015, the applicant acknowledged that he was not working and was still having issues performing activities of daily living as basic as standing, reaching, stooping, and bending.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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 an applicant questionnaire dated February 2, 2015. Activities of daily living as basic as sitting, standing, stooping, and bending remained problematic; it was reported on that date. While the treating provider stated that the applicant's pain scores had been reduced from severe to mild with ongoing Norco usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's reports to the fact that the applicant was severely obese, with a BMI of 46, coupled with the applicant's failure to return to work and continued difficulty performing activities of daily living as basic as standing, reaching, stooping, bending, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.

Norco 10mg/325mg #60 [Do Not Fill Until 06/01/15]: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-going Management.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

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Norco 10mg/325mg #60 [Do Not Fill Until 07/01/15]: Upheld

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