

Case Number:	CM14-0156269		
Date Assigned:	09/25/2014	Date of Injury:	07/14/1997
Decision Date:	11/06/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	09/24/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 [REDACTED] insured who has filed a claim for chronic low back pain reportedly associated with an industrial injury of July 14, 1997. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 18, 2014, the claims administrator partially approved a request for Norco, approved a urine drug screen, and approved a request for Ryzolt. The applicant's attorney subsequently appealed. In a progress note dated September 8, 2014, the applicant reported persistent complaints of low back pain. The applicant was using two to four Norco a day plus Ryzolt, it was noted. Occasional left leg weakness was appreciated. The applicant had a BMI of 24. Positive straight leg raising was appreciated. 7/10 pain with medications versus 9/10 pain without medications was appreciated. The applicant was able to walk his dog and do light housekeeping chores with medication consumption. The applicant was using 130-140 morphine equivalents a day, it was further noted. In an earlier handwritten note of January 3, 2013, the applicant was described as "disabled."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100: Upheld

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

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

Decision rationale: 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 reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has been deemed disabled. While the applicant is reporting some reduction in pain scores from 9/10 without medications to 7/10 with medications, this appears to be a marginal to negligible reduction in pain score. Similarly, the applicant's reports that he is able to walk his dog on a day-to-day basis with opioid therapy likewise appears to be of marginal to negligible benefit, one which is outweighed by the applicant's return to work and lack of any description of meaningful improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request for Norco 10/325mg #100 is not medically necessary.