

Case Number:	CM14-0148713		
Date Assigned:	09/18/2014	Date of Injury:	01/26/2012
Decision Date:	08/11/2015	UR Denial Date:	08/29/2014
Priority:	Standard	Application Received:	09/12/2014

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. 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 48-year-old who has filed a claim for chronic neck and low back pain reportedly associated with an industrial injury of January 26, 2012. In a Utilization Review report dated August 29, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on August 22, 2014 in its determination. An August 13, 2014 progress note was likewise referenced. The applicant's attorney subsequently appealed. On July 16, 2014, the applicant reported ongoing complaints of neck, shoulder, and back pain, collectively rated at 8-9/10. The applicant stated that his pain medications reduced his pain score to 2/10. The applicant was on Norco at rate of six tablets a day, Flexeril at nighttime, trazodone once or twice daily, Naprosyn twice daily, Effexor nightly, and Biofreeze gel, it was reported. Multiple medications were prescribed and/or dispensed, including Norco, Flexeril, Naprosyn, Desyrel, Effexor, and Biofreeze. The applicant was given 10 to 15-pound lifting limitation. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant acknowledged that his walking tolerance was limited. In an Agreed Medical Evaluation (AME) dated May 7, 2014, it was acknowledged the applicant was off of work and has been off of work since the date of injury. The applicant was on Norco, Naprosyn, Flexeril, Desyrel, and Biofreeze, it was reported. The medical-legal evaluator reported that the applicant had difficulty with pushing, pulling, standing, walking, stooping, and reaching tasks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective DOS: 8/13/14 Norco 10/325mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Goodman and Gilman's the Pharmacological Basis of therapeutics, 12th Ed. McGraw Hill 2010 Physician's Desk Reference 68th edition www.RxList.com.

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 medical 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, improve 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 Agreed Medical Evaluation (AME) dated May 7, 2014. The applicant was not working with a 10-15 pound lifting limitation, the medical-legal evaluator reported. While the attending provider did recount some reduction in pain scores reportedly effected as a result of ongoing medication consumption on July 16, 2014, these reports were, however, outweighed by the applicant's failure to return to the work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Commentary made by the attending provider and medical-legal evaluator to the effect that the applicant was having difficulty with standing, walking, lifting, pushing, pulling, carrying, and sitting tasks likewise failed to make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.