

Case Number:	CM13-0015629		
Date Assigned:	10/11/2013	Date of Injury:	01/08/2002
Decision Date:	02/07/2014	UR Denial Date:	08/14/2013
Priority:	Standard	Application Received:	08/23/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician 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 physician 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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 8, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; topical agents; adjuvant medications; psychotropic medications; unspecified number of epidural steroid injections; and the apparent imposition of permanent work restrictions. In a Utilization Review Report of August 14, 2013, the claims administrator denied a request for Norco. A guideline alone was cited without any rationale. The applicant's attorney subsequently appealed. In a questionnaire of June 25, 2013, the applicant states that his pain is only 10% better this week. The applicant states that he believes that the combination of oral and topical medications is effective. The applicant states that he is working. On June 25, 2013, the applicant apparently presented with 6/10 low back pain. He does have some numbness and tingling radiating about the right leg. The applicant states that he continues to work. He uses an average of four tablets of Norco daily, it is stated. Limited lumbar range of motion is noted. Medications are renewed. In a July 23, 2013 questionnaire, the applicant states that he is 20% better with medications and reiterates that he is improving. He states that he has overall improved. On July 23, 2013, the applicant was again given medication refills and reiterated to the attending provider that he was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/325mg: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids 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 are evidence of successful return to work, improved functioning, and reduced pain effected through ongoing opioid usage. In this case, the applicant did seemingly report requisite pain relief, improved performance of activities of daily living, and did successfully return to work after having initiated opioid therapy. Therefore, on balance, continuing hydrocodone or Norco is indicated and appropriate in this context. Therefore, the original Utilization Review decision is overturned. The request is certified, on Independent Medical Review.