

| | | | |
|-----------------------|--------------|------------------------------|------------|
| Case Number: | CM13-0045980 | | |
| Date Assigned: | 03/31/2014 | Date of Injury: | 08/31/1981 |
| Decision Date: | 05/08/2014 | UR Denial Date: | 11/02/2013 |
| Priority: | Standard | Application Received: | 11/12/2013 |

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 represented [REDACTED] employee who has filed a claim for chronic ankle, knee, face, head, low back, elbow, and hip pain reportedly associated with an industrial injury of August 31, 1991. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; earlier knee surgery; orthotic inserts; and blood pressure lowering medications. In a November 1, 2013 utilization review report, the claims administrator denied a request for Norco while approving a request for Colace. The applicant's attorney subsequently appealed. A February 13, 2014 progress note is notable for comments that the applicant reports persistent ankle, neck, midback, and low back pain. The applicant is using Vicodin and tramadol very sparingly for pain relief, she states. She tries to use extra strength Tylenol when possible. An ankle foot orthosis and physical therapy are sought. The attending provider seeks authorization for housekeeping services. In an earlier note of November 12, 2013, the applicant's pain physician writes that sparing usage of hydrocodone and/or tramadol results in a drop in pain scores from 8 to 9/10 to 4 to 5/10. The applicant states that these medications allow her to take care of her elderly husband. The attending provider goes on to appeal the earlier denial of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST FOR NORCO 5/325MG #60 DOS:10/16/13: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS
Page(s): 80.

Decision rationale: Norco is an opioid. 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 ongoing opioid usage. In this case, the applicant has seemingly met two of the three aforementioned criteria. Her ability to perform activities of daily living, including care of her husband, has reportedly been ameliorated as a result of ongoing Norco usage. While she has not returned to work, she does consistently report appropriate drop in pain scores from 8 to 9/10 to 4 to 5/10 as a result of sparing usage of Norco. Continuing Norco, on balance, is therefore, indicated. Accordingly, the original utilization review decision is overturned. The request is certified, on independent medical review.