MAXIMUS Federal Services

Case Number:	CM13-0052794		
Date Assigned:	12/30/2013	Date of Injury:	09/20/2008
Decision Date:	05/08/2014	UR Denial Date:	09/23/2013
Priority:	Standard	Application Received:	11/01/2013

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 has been treated with the following: Analgesic medications; attorney representation; adjuvant medications; transfer of care to and from various providers in various specialties; and psychological counseling. In a Utilization Review Report of September 23, 2013, the claims administrator partially certified a request for Norco, seemingly for weaning purposes, citing lack of improvement with opioid therapy. The applicant's attorney subsequently appealed. A handwritten progress note of June 21, 2012 is quite difficult to follow but was notable for comments that the applicant was using various medications, including Norco, Zanaflex, Naprosyn, and Neurontin as of that point in time with operating diagnoses including crush injury of the foot, low back pain, and chronic regional pain syndrome. In a Medical Legal Evaluation of March 8, 2013, the applicant was described as not working, having difficulty performing usage of activities of daily living including cooking, cleaning, performing household chores, getting in and out of vehicles, standing in a shower, etc. The applicant was using a motorized wheelchair, which he states he had to use after standing or walking for over five minutes. A subsequent progress note of June 6, 2013 was notable for comments that the applicant reported ongoing pain complaints. The applicant is using Savella, Norco, Neurontin, Naprosyn, Zanaflex, Laxacin, and Terocin at that point. The applicant was permanent and stationary and was not working at that point.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91-94.

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

Decision rationale: Norco is an opioid. As noted on page 80 of the California Medical Treatment Utilization Schedule (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 therapy. In this case, however, these criteria have not been met. The applicant is off of work. The applicant has failed to achieve the requisite improvement necessary to justify continuation of Norco. The applicant is having difficulty performing even basic activities of daily living such as ambulating, standing, etc. The applicant is apparently reliant on a wheelchair, numerous other analgesic, adjuvant, and topical medications, etc. All of the above, taken together, imply that ongoing opioid therapy with Norco has been unsuccessful. Therefore, the request is not certified, on Independent Medical Review.