

Case Number:	CM13-0063442		
Date Assigned:	12/30/2013	Date of Injury:	02/23/1993
Decision Date:	05/16/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/10/2013

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 a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of February 23, 1993. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; psychotropic medications; multiple prior lumbar fusion surgeries; and long- and short-acting opioids. In a Utilization Review Report of November 12, 2013, the claims administrator denied a request for Norco, stating that no current medical progress notes have been provided to support ongoing usage of Norco. The applicant's attorney subsequently appealed. In a progress note of December 4, 2013, the applicant presented with persistent low back pain. The applicant reiterated that Norco was vital and allowed him to function, particularly in cold weather. The applicant's medication list included Celebrex, Cymbalta, Morphine, Norco, Prilosec, Ambien, Soma, and Colace. The applicant was described as still ambulating with the aid of a cane. The attending provider again stated that usage of medications allowed the applicant to function but did not detail or expound upon which functionalities or activities have been ameliorated as a result of ongoing medication usage. Permanent work restrictions were renewed. Several medications were refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE-ACETAMINOPHEN 10MG-325 QTY:100: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When To Continue Opioids Topic 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 medication usage. In this case, the applicant is still off of work and is still using a cane. The applicant is reportedly having difficulty functioning with cold weather. The attending provider has not established the presence of analgesia and/or improved performance of activities of daily living achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary and appropriate.