

Case Number:	CM13-0065438		
Date Assigned:	01/03/2014	Date of Injury:	04/17/2008
Decision Date:	04/21/2014	UR Denial Date:	11/12/2013
Priority:	Standard	Application Received:	12/13/2013

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 and neck pain reportedly associated with an industrial injury of April 17, 2008. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; laxative medications; and the apparent imposition of permanent work restrictions. In a utilization review report of November 12, 2013, the claims denied a request for Norco, stating that the attending provider did not document the presence of appropriate analgesia and/or pain relief affected as result of the same. The applicant's attorney subsequently appealed. In a November 18, 2013 letter, the attending provider writes that the applicant reports 5 to 8/10 pains. The applicant states that usage of medications is allowing her to maintain appropriate levels of function, permits her to sleep four to five hours at night, and allows her to do household chores, laundry, wash the dishes, and use a stationary bike. It is stated that the applicant is struggling to do her home exercises and has had issues struggling with home exercises in the past apparently owing to flares of various nonindustrial conditions, including psoriatic arthropathy about the feet and ankles. On August 15, 2013, the attending provider again refilled Norco and asked the applicant to try and maintain appropriate levels of exercise. On October 29, 2013, the attending provider again issued a 10- to 15-pound lifting limitation, encouraged the applicant to exercise regularly, and cease smoking. Norco was renewed on each occasion. The applicant is described as consuming Norco at a rate of three tablets a day.

IMR ISSUES, DECISIONS AND RATIONALES

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

Two (2) prescriptions of Hydrocodone/ APAP 10-325mg #120: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: The Expert Reviewer's decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improve function, and/or reduced pain effected as a result of the same. In this case, the applicant meets two of the three aforementioned criteria. Specifically, she does report appropriate analgesia, with drop in pain scores from 8/10 to 5/10 with medications. She is able to perform household chores such as doing the laundry, sweeping her patio, washing dishes, etc., reportedly as a result of ongoing Norco consumption. Continuing the same, on balance, is therefore indicated, although it does not appear that the applicant has returned to work with a 10- to 15-pound lifting limitation in place. Therefore, the request is certified, independent medical review.

Hydrocodone-Acetaminophen 10-325mg #30: Overturned

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: The Expert Reviewer's decision rationale: Again, as with the earlier prescription for Norco, the applicant does meet two of the three criteria set forth of page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, she is consistently reporting appropriate analgesia and heightened ability to perform non work activities of daily living as result of the same. Continuing Norco, on balance, is indicated and appropriate. Therefore, the request is certified, on independent medical review.