

Case Number:	CM14-0037463		
Date Assigned:	06/25/2014	Date of Injury:	02/28/2002
Decision Date:	07/29/2014	UR Denial Date:	03/21/2014
Priority:	Standard	Application Received:	03/28/2014

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 filed a claim for chronic pain syndrome, myalgias, myositis reportedly associated with an industrial injury of February 28, 2002. Thus far, the applicant has been treated with the following: Analgesic medications; unspecified amounts of physical therapy and massage therapy; unspecified amounts of acupuncture; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated March 24, 2014, the claims administrator apparently approved a request for Lyrica while denying a request for Norco. The claims administrator, somewhat incongruously, stated that the applicant had had good response to Lyrica and recommended continuing the same while then noting that the applicant had not responded as favorably to Norco. The applicant's attorney subsequently appealed. In a February 28, 2014 progress note, the applicant reported persistent complaints of low back pain radiating into the bilateral lower extremities. The applicant was given a refill of Norco, to be employed as needed for severe pain. Lidoderm, Flexeril, and Colace were also issued. The applicant was asked to try to lose weight. Permanent restrictions were renewed. It did not appear that the applicant was working. In an earlier note of November 8, 2013, the applicant was again described as having "excruciating pain" about the low back radiating into the foot. The applicant was asked to pursue physical therapy, a transcutaneous electrical nerve stimulation (TENS) unit, Norco/Vicodin, Flexeril, Lidoderm, and Colace. The applicant was again described as permanent and stationary. There was no discussion of medication efficacy incorporated into this progress note or into the prior note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (Norco) 5/325mg #60 30 day supply: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids (Criteria for Use).

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

Decision rationale: The request for Norco, a short-acting opioid, is not medically necessary, medically appropriate, or indicated here. 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 the same. In this case, however, the applicant does not appear to be working with permanent limitations in place. The applicant continues to report "excruciating pain" on each visit referenced above. There is no documented evidence of any concrete improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.