

Case Number:	CM13-0009931		
Date Assigned:	11/08/2013	Date of Injury:	03/01/2009
Decision Date:	03/30/2015	UR Denial Date:	07/30/2013
Priority:	Standard	Application Received:	08/12/2013

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, Ohio, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 44-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 12, 2009. In a Utilization Review Report dated July 30, 2013, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a February 11, 2015 progress note, the applicant reported ongoing complaints of neck pain. The applicant was off of work. The applicant was apparently using a variety of medications, including Motrin, Tylenol, and Elavil. Residual upper extremity paresthesias were evident. The applicant had alleged pain secondary to both cumulative trauma and to a specific, discrete injury. On April 30, 2013, the applicant was using Norco, Motrin, Wellbutrin, Ambien, and Zantac. Highly variable 6-8/10 pain was noted. The applicant was using BuTrans, Norco, Ambien, Zestril, and Motrin, it was stated in another section of the note. The applicant denied any marijuana use. The applicant was not employed. Permanent work restrictions and medications were renewed, including the Norco at issue. The note was very difficult to follow and mingled historical issues with current issues. On July 25, 2013, the applicant reported persistent complaints of neck pain, highly variable, 6/10, unchanged by ongoing medication consumption. The applicant's medication list included Ambien, BuTrans, Norco, Motrin, and Zestril. The applicant was off of work and had been deemed disabled, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE 10/325MG, QTY: 120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids, Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.2.

Decision rationale: 1. No, the request for hydrocodone-acetaminophen (Norco), a short-acting opioid, was 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. Here, however, the applicant was/is off of work. The applicant was receiving both Workers Compensation indemnity benefits and disability insurance benefits, the treating provider reported. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.