

Case Number:	CM14-0195923		
Date Assigned:	12/03/2014	Date of Injury:	04/11/2010
Decision Date:	01/20/2015	UR Denial Date:	10/23/2014
Priority:	Standard	Application Received:	11/22/2014

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 Physical Medicine & Rehabilitation, has a subspecialty in California 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] Company employee who has filed a claim for chronic low back, knee, foot, and ankle pain reportedly associated with an industrial injury of April 11, 2010. In a Utilization Review Report dated October 23, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In an Agreed Medical-Legal Evaluation of August 13, 2014, the applicant reported ongoing complaints of low back, knee, foot, and ankle pain. The applicant had not returned to work in any capacity, the treating provider acknowledged. Multifocal complaints of ankle, low back, and knee pain were noted. The applicant was using a cane to move about. The applicant's medications reportedly included AppTrim, Flexeril, Prilosec, Naprosyn, aspirin, and an unspecified blood pressure lowering medication. In a handwritten progress note dated May 5, 2014, the applicant was placed off of work, on total temporary disability. The applicant was asked to continue Naprosyn and continue to use a knee brace. The note was somewhat difficult to follow. The applicant was also using a walker/boot, it was stated. In a prescription form dated April 10, 2014, the applicant was given various medication refills, including Flexeril, Norco, Naprosyn, and Prilosec. In a May 21, 2014 progress note, the applicant reported ongoing complaints of low back pain radiating to the bilateral lower extremities. Epidural steroid injection therapy was apparently being appealed. In an RFA form dated July 14, 2014, authorization was sought for a third epidural steroid injection on the grounds that the applicant's agreed medical evaluator had recommended the same. In a handwritten note dated July 16, 2014, the applicant reported heightened complaints of low back pain radiating to the bilateral lower extremities. Epidural steroid injection was pending. The applicant exhibited a visibly antalgic gait. Medication selection and medication efficacy were not discussed. In an RFA form dated August 20, 2014, authorization was sought for Flexeril, Norco, Naprosyn, and Prilosec. In an associated progress note dated August 26, 2014, the

applicant reported ongoing complaints of ankle pain and peroneal tenosynovitis. A cortisone injection therapy was sought. Once again, medication selection and medication efficacy were not discussed. In a later note dated August 28, 2014, the applicant was asked to consult neurology for ongoing multifocal pain complaints, including ongoing low back pain. The applicant was asked to remain off of work, on total temporary disability. Unspecified medications and compounds were refilled under separate cover. In an October 2, 2014 progress note, the applicant was placed off of work, on total temporary disability while unspecified medications and compounds were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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

Decision rationale: 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 is off of work. The applicant's pain complaints were consistently described as heightened from visit to visit as opposed to reduce from visit to visit. Many of the progress notes, prescription forms, and RFA forms referenced above, contained no discussion of medication selection or medication efficacy. It is not clearly stated how ongoing usage of Norco was advancing the applicant's activity levels. The attending provider did not outline any meaningful improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.