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| Case Number: | CM14-0204064 | | |
| Date Assigned: | 03/09/2015 | Date of Injury: | 05/19/2012 |
| Decision Date: | 04/13/2015 | UR Denial Date: | 11/12/2014 |
| Priority: | Standard | Application Received: | 12/05/2014 |

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. 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, New York, 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 45-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of May 19, 2012. In a Utilization Review Report dated November 12, 2014, the claims administrator failed to approve a request for Norco. A September 24, 2014 progress note was referenced in the determination. The claims administrator's overall rationale was sparse and did not seemingly include any guidelines. The claims administrator contended that the attending provider failed to support the request. In a July 2, 2014 questionnaire, the applicant acknowledged that he was no longer working owing to persistent complaints of low back pain. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 21, 2014, the applicant reported ongoing complaints of low back pain, 7/10. A pain management consultation, physical therapy, manipulative therapy, psychotherapy, and a neurosurgery referral were endorsed. Various medications and topical compounds were endorsed through preprinted checkboxes, with no discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 2.5/325 mg # 60: 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 7) When to Continue Opioids Page(s): 80.

Decision rationale: 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, on total temporary disability, despite ongoing usage of Norco (hydrocodone-acetaminophen). The applicant continues to report pain scores as high as 7/10. The attending provider's handwritten documentation failed to outline any quantifiable decrements in pain or material improvements in function effected as a result of ongoing opioid therapy (if any). Therefore, the request was not medically necessary.