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| Case Number: | CM14-0216284 | | |
| Date Assigned: | 01/06/2015 | Date of Injury: | 07/22/1991 |
| Decision Date: | 02/28/2015 | UR Denial Date: | 11/26/2014 |
| Priority: | Standard | Application Received: | 12/24/2014 |

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, 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 [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 31, 1989. In a Utilization Review Report dated November 20, 2014, the claims administrator failed to approve a request for Norco. An epidural steroid injection was also denied. The claims administrator referenced a November 17, 2014, RFA form in its determination. The applicant's attorney subsequently appealed. On August 28, 2014, the applicant reported persistent complaints of neck, mid back, and low back pain. The applicant was using unspecified medications. Pain management consultation was endorsed. The applicant was no longer working and reportedly retired, it is stated. On October 9, 2014, the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, shoulder, and low back pain. The applicant was using Vicodin/Norco on a regular basis, the treating provider acknowledged. The attending provider stated that Vicodin/Norco was beneficial, but did not elaborate further. On November 6, 2014, the applicant's pain management physician suggested that the applicant employ epidural steroid injection therapy and/or lumbar medial branch blocks. Norco was refilled by a different provider and the provider who had previously prescribed the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic and Opioids, Ongoing Management topic Page(s): 78, 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. Here, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. While the applicant's treating provider did state that Norco usage was beneficial, the attending provider did not elaborate or expound upon the same. Neither of the applicant's treating providers identified any quantifiable decrements in pain and/or material improvements in function affected as a result of the ongoing Norco usage. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines suggest that applicants receiving opioids should receive all prescriptions from a single practitioner. Here, the applicant appears to be receiving Norco/Vicodin from two different providers. For all of the stated reasons, continuing Norco, thus, does not appear to be indicated, given all of the foregoing. Therefore, the request was not medically necessary.