

Case Number:	CM15-0101817		
Date Assigned:	06/04/2015	Date of Injury:	11/27/2001
Decision Date:	07/07/2015	UR Denial Date:	05/11/2015
Priority:	Standard	Application Received:	05/27/2015

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 54-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 27, 2001. In a Utilization Review report dated May 11, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a March 20, 2015 progress note and associated RFA form in its determination. The applicant's attorney subsequently appealed. On November 7, 2014, the applicant reported ongoing complaints of low back pain, 8/10. The attending provider stated that the applicant's medications were generating 85% improvement. The applicant was given refills of Soma, Norco, and several topical compounded medications. A weight loss program was sought. The applicant's permanent work restrictions were renewed. Multiple MRI studies were ordered. It was not clear whether the applicant was or was not working with permanent limitations in place. On April 24, 2015, the applicant reported ongoing complaints of low back pain, 10/10, severe. The attending provider stated that the applicant was deriving 35% improvement with medications on this date. Bending, lifting, stooping, sitting, standing, and walking all remained problematic, however, it was reported. Multiple medications were renewed, including Soma, Norco, and the topical compounded agents in question. The attending provider renewed the applicant's work restrictions. Once again, it was not clearly outlined whether the applicant was or was not working. Drug testing and a weight loss program were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 7.5-300 day supply 23 qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 80, 76, 29.

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's work status was not clearly outlined on the April 24, 2015 progress note at issue, although it did not appear that the applicant was working with permanent restrictions in place as of that date. While the attending provider did report some reduction in pain scores by 35% with medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's reports that activities of daily living as basic as sitting, standing, walking, bending, lifting, and stooping remained problematic as of that date. Therefore, the request was not medically necessary.