

Case Number:	CM15-0107571		
Date Assigned:	06/12/2015	Date of Injury:	04/13/2014
Decision Date:	07/16/2015	UR Denial Date:	05/06/2015
Priority:	Standard	Application Received:	06/04/2015

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 43-year-old who has filed a claim for chronic foot, ankle, and low back pain reportedly associated with an industrial injury of April 13, 2014. In a Utilization Review report dated May 6, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced an April 29, 2015 RFA form and associated April 28, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On April 8, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of foot pain. Norco and Flexeril were renewed, without much seeming discussion of medication efficacy. The applicant was using walking stick to move about, it was suggested in one section of the note. Overall commentary was sparse. On April 28, 2015, the applicant was again placed off of work, on total temporary disability, while Norco and Flexeril were renewed. Back and foot pain were reported. Once again, no seeming discussion of medication efficacy transpired.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for 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 off of work, on total temporary disability, as of the date in question, April 28, 2015. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function effected as a result of the ongoing Norco usage (if any) on that date. Therefore, the request was not medically necessary.