

Case Number:	CM15-0013417		
Date Assigned:	02/02/2015	Date of Injury:	08/29/1997
Decision Date:	04/17/2015	UR Denial Date:	12/18/2014
Priority:	Standard	Application Received:	01/23/2015

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 64-year-old who has filed a claim for chronic neck, low back, and wrist pain reportedly associated with an industrial injury of August 29, 1997. In a Utilization Review Report dated December 18, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced a December 17, 2014 RFA form in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated November 13, 2014, the applicant reported ongoing complaints of low back pain, neck pain, fibromyalgia, and mood disorder. It was suggested that the applicant could have issues with bipolar disorder superimposed on the same. Seroquel and Norco were renewed. The applicant reported issues with insomnia and diffuse bodily pains. No discussion of medication efficacy transpired. The applicant's work status was not clearly detailed. The applicant was previously given Norco in prescriptions on June 26, 2014 and August 21, 2014. The applicant reported ongoing issues with anxiety, in addition to chronic pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10/325mg, QTY: 360, Day Supply: 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use; Opioids, dosing Page(s): 76, 80, 86.

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 outlined on multiple office visits, referenced above, including a handwritten November 2014 progress note referenced above. The attending provider likewise failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.