

Case Number:	CM15-0016729		
Date Assigned:	03/18/2015	Date of Injury:	11/13/2000
Decision Date:	04/16/2015	UR Denial Date:	01/27/2015
Priority:	Standard	Application Received:	01/29/2015

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 56-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome and chronic low back pain reportedly associated with an industrial injury of November 13, 2000. In a Utilization Review Report dated January 27, 2015, the claims administrator failed to approve a request for Norco (hydrocodone-acetaminophen), approve tramadol, and conditionally denied a lumbar epidural steroid injection. An RFA form dated January 13, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On November 7, 2014, the applicant was given refills of Norco, tramadol, and Flexeril. The applicant was using Norco at a rate of three times daily. The applicant reportedly had refractory radicular pain complaints, the treating provider noted. The applicant's pain complaints were scored at 7/10. Permanent work restrictions were renewed. It did not appear that the applicant is working with said permanent limitation in place. On December 5, 2014, the applicant again reported 6/10 low back pain. Norco, tramadol, and Flexeril were renewed, as were the applicant's permanent work restrictions. Once again, it did not appear that the applicant was working with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 7.5/325mg #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 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 a result of the same. Here however, the applicant was off of work, which was suggested on several progress notes referenced above. It did not appear that the applicant was working following imposition of permanent work restrictions. The applicant continued to report pain complaints as high as 6-7/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.