MAXIMUS Federal Services

Case Number:	CM15-0125809		
Date Assigned:	07/10/2015	Date of Injury:	12/01/2014
Decision Date:	12/21/2015	UR Denial Date:	06/15/2015
Priority:	Standard	Application Received:	06/29/2015

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 30-year-old who has filed a claim for chronic foot pain reportedly associated with an industrial injury of December 1, 2014. In a Utilization Review report dated June 15, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 4, 2015 office visit in its determination. On May 4, 2015, the attending provider acknowledged that the applicant was unable to work owing to heightened foot pain complaints. The attending provider stated that Norco was making the applicant feel very nauseous. The attending provider stated that the applicant's pain was too severe for him to work. Standing and walking remained problematic, it was reported. CT imaging of the foot, tramadol, and topical Voltaren were endorsed. On June 10, 2015, a TENS unit, physical therapy, a cane, and Norco were endorsed to ameliorate the applicant's issues with persistent foot pain. Little-to- no seeming discussion of medication efficacy transpired on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-APAP 5/325mg #50 DS: 12: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: No, the request for Norco (hydrocodone-acetaminophen), a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of continuing pain with evidence of intolerable adverse effects represents grounds for discontinuing opioid therapy. Here, the attending provider's May 4, 2015 office visit did not identify quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage and, furthermore, suggested that the applicant was having issues with seemingly intolerable nausea associated with ongoing Norco usage. It was not clear why Norco was seemingly continued in the face of the applicant's having developed issues with nausea associated with the same on May 4, 2015. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that the lowest possible dose of opioids should be employed to improve pain and function. Here, the attending provider's May 4, 2015 office visit did not, however, clearly state why 2 separate short-acting opioids, Norco and tramadol, had been prescribed. Page 80 of the MTUS Chronic Pain Medical Treatment Guidelines notes that 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 May 4, 2015 office visit at issue failed to identify quantifiable decrements in pain or meaningful, material improvements in function effected as a result of ongoing Norco usage. The applicant was off of work on that date and was having issues with severe pain, exacerbated by standing and walking activities. It did not appear, in short, that the applicant had profited from ongoing Norco usage. Therefore, the request for Norco (hydrocodone-acetaminophen) was not medically necessary.