

Case Number:	CM15-0133597		
Date Assigned:	08/06/2015	Date of Injury:	10/23/2013
Decision Date:	10/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/10/2015

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 55-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 23, 2013. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a June 5, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On June 15, 2015, the applicant presented with multifocal complaints of neck, low back, and mid back pain. The note was thinly and partially developed. An epidural steroid injection was sought. Medication selection and medication efficacy were not seemingly discussed. On June 1, 2015, the applicant reported a moderate severity low back pain, aching and constant, with radiation of pain to the lower extremities. The attending provider contented that the applicant's injections and medications were helpful in attenuating the applicant's pain complaints but did not seemingly elaborate further. Norco and baclofen were renewed. An epidural steroid injection was sought. The applicant's work status was not explicitly detailed. The applicant's medications included Ativan, Aricept, Cialis, Prilosec, Bisacodyl, Prevacid, Abilify, Ativan, Klonopin, baclofen, and Norco, it was reported. On June 5, 2015, the applicant was placed off work, on total temporary disability. On April 20, 2015, the applicant was again placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: Hydrocodone 10-Acetaminophen 325mg po lid prn #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 because of the same. Here, however, the applicant had been placed off work, on total temporary disability, on June 5, 2015. Multiple progress notes of mid-2015 also suggested that the applicant remained off work, on total temporary disability, as of those dates. While the prescribing provider stated on June 5, 2015 that the applicant's medications were beneficial, this was neither quantified nor expounded upon. The attending provider likewise failed to outline meaningful, material, or substantive improvements in function (if any) effected because of ongoing Norco usage. Therefore, the request was not medically necessary.