

Case Number:	CM15-0135168		
Date Assigned:	07/23/2015	Date of Injury:	01/19/2006
Decision Date:	10/28/2015	UR Denial Date:	06/11/2015
Priority:	Standard	Application Received:	07/13/2015

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 58-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of January 19, 2006. In a Utilization Review report dated June 11, 2015, the claims administrator failed to approve a request for Norco apparently prescribed on June 4, 2015. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant was seemingly placed off of work, on total temporary disability, owing to 8/10 low back and bilateral knee pain complaints. The claimant was using Naprosyn at a rate of twice daily, Norco at a rate of three times daily, and Neurontin on a p.r.n. basis, it was reported. The applicant was receiving temporary disability benefits, it was stated in one section of the note and unemployment compensation benefits, it was stated in another section of the note. The attending provider contended that the claimant's severe pain complaints were reduced by 50% with medication consumption but stated that she was nevertheless endorsing the applicant's application for "continuing disability benefits." On April 9, 2015, the applicant was again placed off of work, on total temporary disability. Norco was renewed on a thrice daily basis. 8/10 pain complaints were again reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tablet 10/325mg Rx 6/4/15 qty 90.00: 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 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 was off of work, it was reported on office visits of April 9, 2015 and March 10, 2015. The applicant was using a cane to move about, it was reported on these dates. The applicant was receiving temporary disability benefits and/or unemployment compensation benefits, it was reported on March 10, 2015. While the attending provider did recount a reported reduction in pain scores effected as a result of ongoing Norco usage, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.