MAXIMUS Federal Services

| Case Number: | CM15-0138145 | | |
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| Date Assigned: | 07/28/2015 | Date of Injury: | 12/27/2003 |
| Decision Date: | 08/28/2015 | UR Denial Date: | 06/17/2015 |
| Priority: | Standard | Application Received: | 07/16/2015 |

## 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 53-year-old who has filed a claim for chronic neck and low back pain with derivative complaints of psychological stress reportedly associated with an industrial injury of December 27, 2003. In a Utilization Review report dated June 17, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced an RFA form dated June 12, 2015 and an associated progress note of May 14, 2015 in its determination. The applicant's attorney subsequently appealed. On May 23, 2015, the applicant reported ongoing complaints of neck, knee, and shoulder pain. The applicant was using topical capsaicin, naproxen, ketamine, Sonata, Robaxin, Neurontin, Norco, it was reported. An extremely proscriptive 5-pound lifting limitation was renewed. It was not clear whether the applicant was or was not working with said limitation in place. The attending provider reported that attempts at contacting the physician utilization reviewer via telephone were unsuccessful. In a progress note dated May 14, 2015, the applicant reported ongoing complaints of neck and shoulder pain. The applicant had undergone earlier failed cervical surgery, it was reported. In one section of the note, it was stated that the applicant had significant psychiatric disability. The psychiatric review of systems, however, was negative for anxiety or depression. The applicant reported issues with severe fatigue in the review of systems section of the note. The applicant was on topical capsaicin, topical ketamine, Neurontin, and Norco, it was reported. The same, unchanged 5-pound lifting limitation was renewed. The attending provider stated that ongoing usage of Norco was reducing the applicant's pain by 50% and ameliorating the applicant's ability to dress herself.

## IMR ISSUES, DECISIONS AND RATIONALES

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

**Hydrocodone-apap 10/325mg 1 tablet every 4-6 hour NTE 5 once a day and ongoing medical necessity qty. 75:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78 of 127.

**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 clearly reported on multiple office visits, referenced above. It did not appear, however, that the applicant was working with the rather proscriptive 5-pound lifting limitation in place as of May 14, 2015. While the attending provider did recount some subjective reduction in pain scores effected as a result of ongoing medication consumption, including ongoing Norco usage, these reports were, however, outweighed by the applicant's seeming failure to return to work, the attending provider's failure to clearly outline the applicant's work status, 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. The attending provider's commentary to the effect that the applicant's ability to dress herself had been augmented as a result of ongoing medication consumption did not constitute evidence of a meaningful or substantive benefit achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.