

Case Number:	CM15-0138305		
Date Assigned:	07/28/2015	Date of Injury:	10/11/2002
Decision Date:	08/28/2015	UR Denial Date:	07/09/2015
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 57-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of October 11, 2002. In a utilization review report dated July 9, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 30, 2015 in its determination. The applicant's attorney subsequently appealed. The claims administrator's medical evidence log, however, suggested that the most recent note on file was dated July 21, 2015; thus, it did not appear that the more recent June 30, 2015 RFA form made available to the claims administrator was incorporated into the IMR packet. The applicant's attorney subsequently appealed. In a July 21, 2014 progress note, the applicant reported ongoing complaints of knee pain with attendant complaints of instability. The applicant was using Norco for pain relief. The applicant was not working, it was suggested, had applied for Social Security Disability Insurance (SSDI) but had been denied Social Security Disability Insurance benefits, it was reported. Norco was refilled, seemingly without any explicit discussion of medication efficacy. 8/10 pain complaints were reported on this date. On June 9, 2014, the applicant was described as unable to work owing to ongoing disability. The applicant reported pain complaints as high as 9-10/10, it was reported in various sections of the note. The applicant exhibited a visibly antalgic gait. Once again, medication selection and medication efficacy were not discussed or detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone APAP 10/325mg day supply 20 Qty 240, MED 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74, 76 and 124.

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, multiple historical progress notes of mid-July, late 2014, including those dated June 9, 2014 and July 21, 2014 suggested that the applicant was off of work. Pain complaints as high as 8-10/10 were reported on those dates. The attending provider failed to outline any meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage on those dates. While it is acknowledged that the more recent June 2015 RFA form which the claims administrator based his decision upon was not incorporated into the IMR packet, the historical notes on file failed to support or substantiate the request. Therefore, the request was not medically necessary.