

Case Number:	CM15-0139464		
Date Assigned:	07/29/2015	Date of Injury:	03/25/2008
Decision Date:	09/25/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/17/2015

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 50-year-old who has filed a claim for chronic low back, hip, knee, and neck pain reportedly associated with an industrial injury of March 25, 2008. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 11, 2015 in its determination. The applicant's attorney subsequently appealed. On July 8, 2015, the applicant's psychiatrist refilled and/or continued Pristiq, Wellbutrin, Lunesta, and Seroquel. Permanent work restrictions were continued. It did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated. On June 9, 2015, the applicant reported ongoing complaints of low back, hip, knee, and neck pain with derivative complaints of depression and anxiety. MS Contin was prescribed in favor of previously prescribed Opana on the grounds that the applicant had developed side effects from the same. Norco, Neurontin, Motrin, and Prilosec were also continued. The attending provider stated that the applicant had 7/10 pain complaints in one section of the note and had difficulty standing and walking. In another section of the note, the attending provider stated that the applicant's ability to get dressed and perform light household chores had been ameliorated as a result of medication consumption. The applicant was apparently using Norco at a rate of four tablets daily, it was suggested. The applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 tab Q 6 hrs #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for 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 reported on June 9, 2015. It did not appear, however, that the applicant was working. While the treating provider did recount some reduction in pain scores effected as a result of ongoing medication consumption in one section of the note, this report was, however, outweighed by the attending provider's failure to outline the applicant's work status, the applicant's seeming 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. The attending provider's commentary to the effect that the applicant's ability to get dressed and do unspecified household chores as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful improvement in function achieved as a result of ongoing Norco usage and was, as noted previously, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.