

Case Number:	CM15-0145869		
Date Assigned:	08/06/2015	Date of Injury:	09/21/2002
Decision Date:	09/10/2015	UR Denial Date:	07/16/2015
Priority:	Standard	Application Received:	07/27/2015

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 67-year-old who has filed a claim for chronic low back and leg pain reportedly associated with an industrial injury of September 21, 2002. In a Utilization Review report dated July 16, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on July 14, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On January 16, 2015, the applicant reported ongoing complaints of low back and leg pain. The attending provider contended that the applicant's ability to stand and walk had been ameliorated as a result of ongoing medication consumption. 10/10 pain complaints without medications versus 1/10 with medications were reported. The applicant was on OxyContin, Norco, and Lidoderm patches, it was acknowledged. Permanent work restrictions were renewed. The applicant had undergone earlier failed spine surgery, it was reported. It was not clearly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case. On July 14, 2015, the attending provider again contended that the applicant's pain complaints had been attenuated as a result of ongoing medication consumption. The attending provider posited that the applicant's ability to perform home exercises and/or household chores have been ameliorated as a result of ongoing medication consumption but did not elaborate further. Once again, 10/10 pain complaints without medications versus 1/10 with medications were reported. The attending provider contended that the applicant would be bedridden without his medications. OxyContin, Norco, and Lidoderm patches were apparently renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. It did not appear that the applicant was working with said limitations in place as the applicant was deemed retired, it was stated in the Occupational History section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP tab 10-325mg #60: 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 as a result of the same. Here, however, the applicant was not working and had retired it was reported on July 14, 2015. Although it was acknowledged that it was unclear whether the applicant's retirement was a function of chronic pain issues or a function of age (67), the attending provider nevertheless failed to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage in a July 14, 2015 progress note. While the attending provider stated that Norco was attenuating the applicant's pain complaints, the attending provider did not outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing Norco usage. While the attending provider stated that the applicant's ability to perform unspecified household chores had been ameliorated as a result of ongoing medication consumption, this did not, in and of itself, constitute evidence of a substantive improvement in function effected as a result of ongoing Norco usage. Similarly, the attending provider's commentary on July 14, 2015 to the effect that the applicant would be bedridden without his medications did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing Norco usage. The attending provider did not quantify the applicant's ability to perform household chores on that date nor did the attending provider set forth a compelling case that performance of these activities could only be effected as a result of ongoing opioid usage, including ongoing Norco usage. Therefore, the request was not medically necessary.