

Case Number:	CM15-0146309		
Date Assigned:	08/10/2015	Date of Injury:	09/27/2007
Decision Date:	09/23/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/28/2015

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 low back, foot, and wrist pain reportedly associated with an industrial injury of September 27, 2007. In a utilization review report dated June 29, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 16, 2015 in its determination. The applicant's attorney subsequently appealed. On January 29, 2015, the applicant reported ongoing complaints of low back, foot, wrist, and rib pain, highly variable, 3/10 with medications versus 9/10 without medications. The applicant was, however, using a cane to move about. The attending provider posited that the applicant would be unable to walk, sit, stand, or sleep without his medications. The applicant was given refills of morphine, Norco, Zanaflex, Lunesta, and trazodone. The attending provider suggested that the applicant might need an inpatient detoxification program. On June 16, 2015, the applicant reported multifocal complaints of neck, upper back, mid back, low back, bilateral hand and leg pain, 3/10 with medications versus 8/10 without medications. The attending provider posited that the applicant would be unable to perform even small household tasks without his medications. The attending provider stated that the applicant would have difficulty sitting, standing, and/or walking without his medications. The applicant's medication list included Lunesta, Desyrel, tramadol, Zanaflex, MS Contin, and Norco. The applicant was overweight, with a BMI of 32, it was reported. The applicant had undergone earlier failed lumbar spine surgery, it was reported. The attending provider stated in another section of the note that the applicant's ability to groom himself, shower, and dress his self had all been ameliorated as a result of ongoing medication

consumption. Both morphine and Norco were renewed. The applicant's work status was not, however, detailed, although it did not appear that the applicant was working. On April 28, 2015, the applicant's permanent work restrictions were renewed. 6/10 pain was reported, exacerbated with lifting, bending, stooping, and walking. Once again, it was not explicitly stated whether the applicant was or was not working with said permanent limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg, every 6 hours as needed #120 (prescribed 06-16-15): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Hydrocodone/Acetaminophen. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain Chapter (Online Version), 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 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, including on June 16, 2015. It did not appear, however, the applicant was working with permanent limitations in place. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 3/10 with medications, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful, material, and substantive improvements in function (if any) effected as a result of ongoing medication consumption. The attending provider's commentary that the applicant would be unable to perform activities as basic as sitting, standing, walking without his medications did not constitute evidence of meaningful, material, and substantive improvement in function effected as a result of ongoing Norco usage. The attending provider's commentary that the applicant's ability to groom and dress himself as a result of medication consumption did not likewise constitute evidence of a substantive improvement in function generated as a result of ongoing Norco usage and was seemingly outweighed by the applicant's failure to return to work. Therefore, the request is not medically necessary.