MAXIMUS Federal Services

Case Number:	CM15-0147134		
Date Assigned:	08/10/2015	Date of Injury:	09/12/2007
Decision Date:	09/23/2015	UR Denial Date:	07/09/2015
Priority:	Standard	Application Received:	07/29/2015

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 [redacted] beneficiary who has filed a claim for chronic neck, shoulder, mid back, and low back pain reportedly associated with an industrial injury of September 12, 2007. In a Utilization Review report dated July 9, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an April 13, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On a Medical-legal Evaluation dated April 28, 2015, it was acknowledged that the applicant was 'working in a congenial work position'. On April 13, 2015, the applicant reported ongoing complaints of hand, wrist, shoulder, neck, and low back pain. The applicant was working, it was suggested. The treating provider stated that the applicant was deriving appropriate analgesia with ongoing Norco usage and suggested (but did not clearly state) that ongoing medication consumption was ameliorating the applicant's ability to perform pool therapy and/or pool-based exercises.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #120: Overturned

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: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had returned to and maintained successful return to work status, both the applicant's prescribing provider and the medical-legal evaluator acknowledged. The applicant was deriving appropriate analgesia with ongoing Norco usage. The treating provider did suggest, albeit obliquely, that ongoing Norco usage was facilitating the applicant's ability to perform pool-based exercises and/or pool-based therapy. Continuing the same, on balance, was indicated. Therefore, the request is medically necessary.