

Case Number:	CM15-0147148		
Date Assigned:	08/10/2015	Date of Injury:	09/26/2008
Decision Date:	09/23/2015	UR Denial Date:	07/13/2015
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 57-year-old who has filed a claim for chronic wrist, hand, low back, and thumb pain reportedly associated with an industrial injury of February 26, 2008. In a Utilization Review report dated July 13, 2015, the claims administrator failed to approve a request for Norco apparently prescribed and/or dispensed on or around June 15, 2015. The applicant's attorney subsequently appealed. On July 14, 2015, the applicant reported ongoing complaints of low back pain, 4/10 with medications versus 10/10 without medications. The applicant was on Norco at a rate of four to five tablets daily, naproxen twice daily, and Lyrica twice daily. The applicant was also using Provigil, Lexapro, and Abilify through her psychiatrist. The applicant had ongoing issues with low back, wrist, and hand pain with superimposed complaints of depression. Norco, naproxen, and Lyrica were renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider also stated that the applicant was, of late, too much in pain to perform aquatic exercises. On May 15, 2015, the applicant reported ongoing complaints of low back pain, rated at 10/10 without medications versus 6/10 with medications. The attending provider posited that the applicant was able to walk 15-30 minutes a day through usage of a cane with her medications and contended that the applicant would likely be bedridden without her medications. Norco, naproxen, Lyrica, and permanent work restrictions were renewed. Once again, it did not appear that the applicant was working with said permanent limitations in place, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective request for Norco 10-325mg, quantity: 150, date of service 06-16-15: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Opioids Page(s): 78, 80, 81, 82, 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 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 did not appear to be working on progress notes of May 15, 2015 and July 14, 2015 with permanent restrictions in place, it was suggested (but not clearly stated). While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to identify 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 would be bedridden without her medications did not, in and of itself, constitute evidence of substantive improvement in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.