

Case Number:	CM15-0149419		
Date Assigned:	08/12/2015	Date of Injury:	11/21/2008
Decision Date:	09/14/2015	UR Denial Date:	07/02/2015
Priority:	Standard	Application Received:	07/31/2015

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 55-year-old who has filed a claim for chronic neck, back, and hip pain reportedly associated with an industrial injury of November 21, 2008. In a Utilization Review report dated July 2, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 23, 2015 and a progress note of May 21, 2015 in its determination. The applicant's attorney subsequently appealed. On April 9, 2015, the applicant reported multifocal complaints of neck, low back, and hip pain, 6-10/10. The applicant was placed off-of work, on total temporary disability, while Norco, Soma, Xanax, and Neurontin were renewed. The attending provider stated that the applicant's medications were generating some analgesia but did not elaborate further. On February 26, 2015, Norco, Neurontin, Soma, Xanax, and several topical compounded medications were again renewed while the applicant was placed off-of work, on total temporary disability. 7-10/10 hip, low back, and neck complaints were reported, aggravated by standing and walking. The attending provider stated that the applicant's medications were beneficial but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78.

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 was placed off-of work, on total temporary disability, it was reported on multiple office visits of mid-2015, referenced above. Pain complaints in the 7-10/10 range were reported on February 26, 2015, despite ongoing Norco usage. Pain complaints in the 6-9/10 range were reported on April 9, 2015, again despite ongoing usage of Norco. Severe, 8-9/10 pain complaints were reported on May 21, 2015, again despite ongoing usage of Norco. The applicant was continuing to report difficulties performing activities of daily living as basic as standing and walking, it was acknowledged on multiple occasions. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.