

Case Number:	CM15-0167489		
Date Assigned:	09/08/2015	Date of Injury:	09/15/2004
Decision Date:	10/13/2015	UR Denial Date:	08/13/2015
Priority:	Standard	Application Received:	08/26/2015

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] employee who has filed a claim for chronic back pain reportedly associated with an industrial injury of September 15, 2004. In a Utilization Review report dated August 30, 2015, the claims administrator failed to approve a request for hydrocodone-acetaminophen (Norco). The claims administrator referenced a July 27, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On an RFA form dated July 27, 2015, acupuncture, cervical MRI imaging, electrodiagnostic testing of the upper and lower extremities, and Norco were endorsed. In an associated progress note of the same date, July 27, 2015, the applicant reported moderate severe elbow pain complaints. The applicant was placed off of work, on total temporary disability, for 4-6 weeks, owing to reported flare in pain complaints. The note was handwritten, thinly developed, difficult to follow, not entirely legible. Electrodiagnostic testing of the upper extremities and cervical MRI imaging were endorsed while the claimant was seemingly kept off of work. Norco was seemingly refilled, without any discussion of medication efficacy. The note comprised, in large part, of pre-printed checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg qty: 60 for 30 day supply (x0 refill): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Acetaminophen, Opioids, criteria for use.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 off of work, on total temporary disability, it was reported on July 27, 2015. The applicant was placed off of work for 4-6 weeks on that date. Flare in pain complaints was reported. The attending provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.