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| Case Number: | CM15-0168301 | | |
| Date Assigned: | 09/09/2015 | Date of Injury: | 03/07/2000 |
| Decision Date: | 10/14/2015 | UR Denial Date: | 08/10/2015 |
| 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 low back and neck pain reportedly associated with an industrial injury of March 7, 2000. In a Utilization Review report dated August 6, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 30, 2015 progress note and an associated RFA form of the same date in its determination. The applicant's attorney subsequently appealed. On an RFA form of July 30, 2015, Norco was endorsed. In an associated progress note of the same date, July 30, 2015, the applicant reported an average pain score of 7/10, worse pain score of 10/10, and 50% pain relief with Norco. The attending provider acknowledged that the applicant still had difficulty performing activities such as grocery shopping and cleaning his home. The applicant reported pain while dressing himself; it was stated in one section of the note. The applicant had undergone an earlier failed lumbar discectomy surgery, it was reported, as well as epidural steroid injection therapy, trigger point injection therapy, massage therapy, acupuncture, manipulative therapy, and facet joint injection therapy, it was reported. The applicant's medications included Norco, Lyrica, and Amitiza. Norco was renewed. The applicant's work status was not seemingly detailed at the bottom of the note. On June 5, 2015, the applicant was asked to consider a spinal cord stimulator trial. Once again, the applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. On February 11, 2015, it was acknowledged that the applicant was not working, felt that he was unable to work, and reported difficulty performing basic activities of daily living, including those as basic as dressing and bathing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP (acetaminophen) 10/325mg, #60 (30 days supply): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG): Pain Chapter - Opioids, criteria for use; Opioids for chronic pain.

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

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. The request for Norco (hydrocodone-acetaminophen), 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 not working; it was reported on February 11, 2015. The applicant contended that he was unable to work. Activities such as basic as bathing and dressing remain problematic, the treating provider reported on February 11, 2015. On July 30, 2015, the applicant stated that grocery shopping and cleaning his house remain problematic. It did not appear that the applicant was working on that date. All of the foregoing, taken together, strongly suggested that the applicant had in fact failed to profit from ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request was not medically necessary.