

Case Number:	CM15-0198492		
Date Assigned:	10/13/2015	Date of Injury:	02/01/2013
Decision Date:	12/01/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	10/08/2015

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 foot and heel pain reportedly associated with an industrial injury of February 1, 2013. In a Utilization Review report dated September 17, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 11, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant underwent a comprehensive multidisciplinary evaluation, seemingly as a precursor to the pursuit of a functional restoration program. On September 11, 2015, it was acknowledged that the applicant was not, in fact, working. 5-9/10 pain complaints were reported in one section of the note. In other section, the applicant reported pain complaints as high as 8-9/10, reduced to 5/10 with opioid consumption. The applicant had developed derivative complaints of depression, anxiety, psychological stress, and insomnia, it was reported. The applicant was still smoking occasionally and using alcohol in unspecified amounts, the treating provider reported. The applicant's medications reportedly included Norco, Pamelor, and Colace, all of which were apparently renewed and/or continued. Permanent work restrictions were likewise renewed, although it was acknowledged that the applicant was not working with said limitations in place. The applicant was reportedly using a walker, the treating provider suggested in another section of the note.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg, #85: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification). Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain Chapter, 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 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 not working, the treating provider acknowledged on September 11, 2015. The applicant reported difficulty walking without the aid of a cane or walker, the treating provider acknowledged. The applicant would only walk for up to 15 minutes continuously, despite ongoing Norco usage, the treating provider acknowledged. The applicant's failure to return to work and continued difficulty performing activities of daily living such as standing and walking, thus, outweighed any subjective reports of analgesia achieved as a result of ongoing Norco usage here. Therefore, the request was not medically necessary.