MAXIMUS Federal Services

Case Number:	CM15-0199581		
Date Assigned:	10/14/2015	Date of Injury:	05/25/2006
Decision Date:	12/02/2015	UR Denial Date:	09/14/2015
Priority:	Standard	Application Received:	10/10/2015

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 47-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of May 25, 2006. In a Utilization Review report dated September 14, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 3, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 3, 2015, the applicant reported ongoing complaints of left knee pain. The applicant contended that Motrin and Norco were problematic. The applicant had undergone a left below-the-knee amputation, it was reported. The attending provider contended that the applicant's ability to ride his bicycle, coach basketball and football, and remain physically active have been ameliorated as a result of ongoing medication consumption. The applicant was described as overweight, although his height, weight, and BMI were not reported. The applicant exhibited a mildly antalgic gait owing to the below-the-knee amputation. Norco was continued. The applicant was asked to continue exercises. The applicant's work status was not clearly detailed, although it did not appear that the applicant was working. On August 10, 2015, the treating provider stated that the applicant remained very active and was trying to exercise and ride his bicycle all the time. The attending provider contended that Norco was ameliorating the applicant's ability to perform independent home exercises and remain active and functional. The applicant had a prosthetic leg in place and did exhibit a slightly antalgic gait with the same in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #110: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant was described as deriving appropriate analgesia from ongoing Norco usage, it was noted on August 3, 2015 and September 3, 2015. The attending provider stated that the applicant's ability to ambulate, ride a bicycle, coach football and basketball had all been ameliorated as a result of ongoing Norco usage. The attending provider contended that ongoing usage of Norco was facilitating the applicant's ability to stay active status post a below-the-knee amputation. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.