

Case Number:	CM15-0021888		
Date Assigned:	03/18/2015	Date of Injury:	09/05/1986
Decision Date:	04/15/2015	UR Denial Date:	01/23/2015
Priority:	Standard	Application Received:	02/04/2015

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 hip pain, chronic low back pain, and legs paraplegia reportedly associated with an industrial injury of September 5, 1986. In a utilization review report dated January 23, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a January 8, 2015 progress note in its determination. The applicant's attorney subsequently appealed. In a progress note dated August 4, 2014, it was suggested that the applicant was not working and had, furthermore, been deemed permanently disabled. On February 26, 2015, the applicant was described as having developed a systemic foot infection. The applicant was apparently using systemic antibiotics to ameliorate the same. Norco was incidentally refilled, without any explicit discussion of medication efficacy. On February 11, 2015, the applicant was described as wheelchair bound. The applicant was given a prescription for clindamycin for a reported foot infection. No discussion of medication efficacy transpired on this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg q6-8h #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 seemingly off of work. The applicant had been deemed permanently disabled, as suggested on several progress notes, referenced above. The attending provider's progress notes failed to outline any meaningful or material improvements in function or quantifiable decrements in pain affected as a result of ongoing Norco usage (if any). No discussion of medication efficacy transpired on several dates of service, referenced above. Therefore, the request was not medically necessary.