

Case Number:	CM15-0024123		
Date Assigned:	02/13/2015	Date of Injury:	03/15/2000
Decision Date:	03/31/2015	UR Denial Date:	01/28/2015
Priority:	Standard	Application Received:	02/09/2015

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, Ohio, 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 49-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of March 15, 2000. In a utilization review report dated January 28, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced progress notes of December 4, 2014, October 31, 2014, and January 7, 2015 in its determination. The claims administrator contented that the applicant had failed to profit despite ongoing Norco usage. The claims administrator based its decision, in large part, on previous utilization review denials. The applicant's attorney subsequently appealed. On September 25, 2014, the applicant reported persistent complaints of low back pain, 7-8/10 with medications versus 9-10/10 without medications. The applicant reported that sitting, standing, and walking all remained problematic. The applicant was using Norco, Soma, Neurontin, Lidoderm, and Vicodin, it was acknowledged. The applicant exhibited a visible limp. Multiple medications were renewed, including Lidoderm, Neurontin, Soma, and Norco. The applicant's work status was not clearly outlined. It was stated that the applicant's ability to perform activities of daily living was limited in several sections of the note. On December 4, 2014, the attending provider again noted that the applicant had persistent complaints of low back pain radiating to the right lower extremity. The applicant was on medications including Neurontin, Soma, Lidoderm, a TENS unit, and Norco, several of which were refilled. Once again, the applicant's work status was not outlined. On November 9, 2014, the applicant acknowledged that her chronic pain complaints were interfering with her ability to work, sleep, interact with others, and concentrate.

IMR ISSUES, DECISIONS AND RATIONALES

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

Narcotic Hydrocodone / Acetaminophen 5/325mg; bid, QTY: 60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1. 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/is off work, it is acknowledged on several progress notes, referenced above, in late 2014. While the attending provider did identify some low-grade reduction in pain scores effected as a result of ongoing Norco usage on one occasion, these are/were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function affected as a result of the same. The applicant's continued difficulty with sleep disturbance, mood disturbance, difficulty concentrating, and difficulty performing activities of daily living as basic as standing and walking, taken together, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.