

Case Number:	CM15-0024184		
Date Assigned:	02/13/2015	Date of Injury:	08/03/2006
Decision Date:	03/31/2015	UR Denial Date:	01/19/2015
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 81-year-old [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of August 3, 2006. In a utilization review report dated January 19, 2015, the claims administrator failed to approve a request for Norco, Voltaren Gel and an orthopedic knee surgery consultation, conversely, were approved. The claims administrator referenced an RFA form of January 12, 2015 in its determination. The applicant's attorney subsequently appealed. On January 7, 2015, the applicant reported ongoing complaints of low back and knee pain, 7/10 with medication versus 10/10 without medications. The applicant was using both Voltaren and Norco. The applicant had received a 32% permanent partial disability award. The applicant's pain complaints were, at times, severe. The attending provider posited that the applicant was demonstrating 30% to 40% improvement with medications, but did not elaborate further. The applicant was having severe difficulty walking, it was noted that the applicant exhibited usage of a cane in the clinic setting. Norco and Voltaren Gel were endorsed. In an earlier note dated December 9, 2014, the attending provider acknowledged that Norco was inadequately controlling the applicant's pain complaints and suggested that the applicant try Percocet.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: 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): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.2.

Decision rationale: 1.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/is off of work, it was suggested on progress notes of December 2014 and January 2015. The applicant was having difficulty performing activities of daily living as basic as standing and walking and was using a cane to move about. The attending provider himself acknowledged on December 9, 2014 progress note that the analgesia afforded with Norco usage was inadequate. Therefore, the request was not medically necessary.