MAXIMUS Federal Services

Case Number:	CM15-0218421		
Date Assigned:	11/10/2015	Date of Injury:	09/19/2014
Decision Date:	12/29/2015	UR Denial Date:	10/09/2015
Priority:	Standard	Application Received:	11/05/2015

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 43-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of September 19, 2014. In a Utilization Review report dated October 9, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 22, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On June 16, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing issued with knee and low back pain. Mobic, Norco, and physical therapy were all seemingly endorsed. On August 12, 2015, the applicant reported ongoing issues with chronic knee, hip, and low back pain, 8-9/10. Sitting and standing remained problematic, the attending provider acknowledged. The applicant's medications included Norco, Tramadol, Tramadol extended release, Medrol, the treating provider reported, several of which were renewed and/or continued. Mobic was also apparently prescribed. A Synvisc injection was sought. The applicant's work status was not clearly reported. The applicant was given work restrictions, which, the treating provider suggested that the applicant's employer was unable to accommodate, resulting in the applicant seems removal from the workplace. On an RFA form dated September 22, 2015, naproxen and Prilosec were seemingly endorsed. On an associated progress note of the same date, September 22, 2015, the applicant reported ongoing issued with knee, low back, and neck pain. Sitting, standing, sleeping, walking, and negotiating stairs all remained problematic, the treating provider acknowledged. Multiple medications, including Norco, naproxen, and Prilosec were all seemingly prescribed, continued, and/or renewed. Additional physical therapy was sought while the applicant was placed off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): 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 placed off of work, on total temporary disability, on the September 22, 2015 office visit at issue. The applicant had reported continued difficulty performing activities of daily living as basic as sitting, standing, walking, and negotiating stairs, the treating provider acknowledged on that date. All of the foregoing, taken together, argued against the applicant's having profited with ongoing Norco usage in terms of the parameters set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Therefore, the request is not medically necessary.