

Case Number:	CM15-0221810		
Date Assigned:	11/17/2015	Date of Injury:	12/22/2009
Decision Date:	12/31/2015	UR Denial Date:	11/03/2015
Priority:	Standard	Application Received:	11/11/2015

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 57-year-old who has filed a claim for chronic hip, low back, and leg pain reportedly associated with an industrial injury of December 22, 2009. In a Utilization Review report dated November 3, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an October 6, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On said October 6, 2015 office visit, the applicant reported ongoing issues with chronic hip pain, mild on the left and severe on the right. The attending provider noted that the applicant pain complaints were so profound that it interfered with the applicant's ability to stand up, sit, walk, bend, lift, exercise, work, shop, do yard work, socialize, or exercise. 3/10 pain with medications versus 9/10 pain without medications was reported. The applicant was still apparently chewing tobacco, the treating provider reported. Norco was apparently renewed while the applicant was placed off of work.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioid hyperalgesia, Weaning of Medications.

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 no longer working, the treating provider acknowledged on the October 6, 2015 office visit at issue. While the treating provider did recount reduction in pain scores from 9/10 without medications to 3/10 with medications on that date, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to identify meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. The treating provider's commentary to the effect that the applicant's ability to perform household chores, yard work, shopping, socializing, exercising, standing, walking, bending, and the like owing to heightened pain complaints, coupled with the applicant's failure to return to work, in short, outweighed any subjective reports of analgesia achieved as a result of Norco usage. Therefore, the request is not medically necessary.