MAXIMUS Federal Services

Case Number:	CM15-0030669		
Date Assigned:	03/19/2015	Date of Injury:	08/28/2000
Decision Date:	04/17/2015	UR Denial Date:	02/10/2015
Priority:	Standard	Application Received:	02/19/2015

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 56-year-old who has filed a claim for chronic low back pain with derivative complaints of major depressive disorder (MDD) reportedly associated with an industrial injury of August 28, 2000. In a utilization review report dated February 10, 2015, the claims administrator partially approved a request for Norco while conditionally denying a request for a regional block and unspecified amounts of physical therapy. A January 22, 2015 progress note was referenced in the determination. The claims administrator also referenced an earlier utilization review denial in its determination. The applicant's attorney subsequently appealed. In an applicant questionnaire dated November 25, 2014, the applicant stated that he will be bedridden without his medications. In an associated progress note dated November 25, 2014, the applicant reported moderate severity low back pain, aggravated by standing, walking, bending, changing positions, running, and twisting. The applicant reported 10/10 pain without medications versus 7/10 pain with medications and reiterated that he would be bedridden without his medications. The applicant's medication list included Motrin, Norco, Lyrica, and methadone. Permanent work restrictions were renewed. The applicant did not appear to be working with said limitations in place, it was suggested. It was stated that the applicant might be a candidate for a spinal cord stimulator at a later point in time. On December 23, 2014, the applicant was described as using three tablets of methadone daily and four tablets of Norco daily for ongoing complaints of neck and low back pain, 8/10 without medications versus 9/10 with medications. Permanent work restrictions, once again, were renewed. Moderate-to-severe pain complaints

were reported on this occasion. It was again stated that the applicant would be bedridden without his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Hydrocodone/APAP 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco (hydrocodone - acetaminophen), 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 off of work, it was acknowledged, despite ongoing Norco usage. The applicant continued to report pain complaints as high as 7/10 to 8/10, despite ongoing medication usage. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit. The attending provider failed to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.