

Case Number:	CM15-0036602		
Date Assigned:	03/05/2015	Date of Injury:	11/16/2005
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/26/2015

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 60-year-old [REDACTED] beneficiary who has filed a claim for chronic knee pain reportedly associated with an industrial injury of November 16, 2005. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on February 5, 2015, was referenced in the determination, as was an office visit of January 29, 2015. On February 11, 2015, the applicant reported multifocal complaints of neck, bilateral knee, and bilateral hip pain. The note was very difficult to follow and did not follow standard SOAP format, and mingled historical issues with current issues. Norco, Wellbutrin, Motrin, and Prilosec were renewed as was the applicant's permanent work restrictions. The applicant did not appear to be working with permanent limitations in place. The applicant's continued to report difficult with activities of daily living such as standing and walking, it was acknowledged. The applicant's pain was improved as a result of lying down. The attending provider nevertheless contented that the applicant was deriving appropriate analgesia from his various medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 180: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM, Chronic Pain Treatment Guidelines Ongoing Management; Opioids for Chronic Pain; Opioids, dosing; Opioids, long term assessment; Hydrocodone/Acetaminophen Page(s): 78; 80-81; 86; 88; 91. Decision based on Non-MTUS Citation Official Disability Guidelines Treatment in Workers' Compensation, Pain (chronic).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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/is off of work, the treating provider suggested. The applicant continues to report difficulty performing activities of daily living as basic as standing and walking. Permanent work restrictions were renewed, seemingly unchanged, from visit to visit, despite ongoing Narco usage. The attending provider, in short, failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.