

Case Number:	CM15-0036860		
Date Assigned:	03/05/2015	Date of Injury:	01/03/2009
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
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 [REDACTED] beneficiary who has filed a claim for chronic ankle pain reportedly associated with an industrial injury of January 3, 2009. In a utilization review report dated February 18, 2013, the claims administrator approved a request for Levitra while denying a request for Norco. The claims administrator referenced a February 10, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On December 18, 2014, the applicant reported multifocal complaints of neck, shoulder, low back, knee, ankle, and foot pain, reportedly attributed to an industrial motor vehicle accident (MVA). The applicant's pain complaints were in the 8/10 to 9/10 range. The applicant stated that lifting, carrying, pushing, pulling, sitting, standing, and walking all remained problematic. The applicant was avoiding socializing and exercising secondary to pain. The applicant was not performing household chores secondary to pain. The applicant was using Norco at a rate of four times daily, Celebrex twice daily, Colace for constipation, Topamax twice daily, and Levitra as needed. The applicant was apparently using medical marijuana, it was acknowledged. Multiple medications were refilled, along with the applicant's permanent work restrictions. The applicant was not working with permanent limitations in place, the treating provider acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription for Norco 10/325 #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids;7) When to Continue Opioids Page(s): 79; 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 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested in applicants who are concurrently using illicit substances. Here, the applicant was/is concurrently using medical marijuana, an illicit substance. Discontinuing the opioid therapy with Norco appeared to be a more appropriate option than continuing the same in the context of the applicant concurrently smoking marijuana. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Namely, the applicant has failed to return to work. The applicant continues to report difficulty performing activities of daily living as basic as standing, walking, lifting, pushing, pulling, etc. The applicant continues to report pain complaints in the severe range, in 8/10 to 9/10 range, despite ongoing Norco usage. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.