

Case Number:	CM15-0044532		
Date Assigned:	03/17/2015	Date of Injury:	10/09/2013
Decision Date:	04/22/2015	UR Denial Date:	02/25/2015
Priority:	Standard	Application Received:	03/10/2015

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 74-year-old who has filed a claim for chronic low back, groin, and hip pain reportedly associated with an industrial injury of October 9, 2013. In a Utilization Review Report dated February 25, 2015, the claims administrator failed to approve a request for Norco apparently prescribed on or around February 18, 2015. The applicant's attorney subsequently appealed. In an RFA form dated February 24, 2015, Flexeril, Norco, and Amrix were endorsed, seemingly without an associated progress note. On February 18, 2015, the applicant reported ongoing complaints of low back, groin, and hip pain. The applicant was on tramadol, Catapres, Norvasc, Bystolic, hydralazine, Zocor, and Zestril, it was stated. Work restrictions were endorsed. It was suggested (but was not clearly stated) that the applicant was working with said limitations in place. Medication selection and medication efficacy were not detailed. In a February 15, 2015 progress note, it was stated that the applicant was in fact working despite ongoing complaints of hip pain status post earlier hip arthroplasty. The applicant was placed off of work for a few days and given Flexeril for an acute flare of pain. The applicant was asked to continue with Norco. The attending provider stated that previous usage of Norco had proven effective before the more recent flare of pain. In a January 7, 2015 progress note, the attending provider stated that the applicant was fairly active, had good days and bad days and reported pain complaints of 3/10 with medications versus 5/10 without medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91.

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

Decision rationale: Yes, the request for Norco, a short-acting opioid was medically necessary, medically appropriate, and 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, the applicant has achieved and/or maintained fulltime work status, the treating provider has stated on several occasions, with the exception of a brief absence of a few days associated with an acute flare of pain in February 2015. Ongoing usage of Norco has attenuated the applicant's pain complaints and has facilitated the applicant's remaining active, the treating provider has stated. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.