

Case Number:	CM15-0044564		
Date Assigned:	03/17/2015	Date of Injury:	12/02/2010
Decision Date:	04/22/2015	UR Denial Date:	02/13/2015
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 64-year-old [REDACTED] employee who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of December 2, 2010. In a Utilization Review Report dated February 13, 2015, the claims administrator failed to approve a request for Norco. A February 3, 2015 progress note was referenced in the determination. The applicant's attorney subsequently appealed. The applicant had received an epidural steroid injection of January 15, 2015, it was incidentally noted. On February 3, 2015, the applicant reported ongoing complaints of low back, wrist pain, shoulder pain, and knee pain. The applicant was using Norco twice daily, Prevacid once daily, Femara once daily, and Advil several times a day. The applicant was apparently presenting for the purposes of obtaining a refill of Norco. The applicant had also undergone spine surgery; it was noted in another section of the note. The attending provider stated that Norco was ameliorating the applicant's ability to perform activities of daily living. This was not elaborated or expounded upon, however. Large portions of progress notes were quite difficult to follow. It was, however, stated in at least a few sections of the note that the applicant was working full time despite the imposition of permanent work restrictions by a medical-legal evaluator. The attending provider then stated that the applicant's ability to move, walk, and work had all been ameliorated as a result of ongoing medication consumption.

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): 78-80, 91, 124.

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 had achieved and/or maintained fulltime work status, the attending provider posited. The applicant's ability to walk, work, and function have all reportedly been ameliorated as a result of ongoing Norco usage, the attending provider did report, albeit in a somewhat templated manner. The applicant was reportedly deriving appropriate analgesia with ongoing Norco usage, the treating provider further suggested. Continuing the same, on balance, was indicated. Therefore, the request was medically necessary.