

Case Number:	CM15-0057261		
Date Assigned:	04/02/2015	Date of Injury:	05/09/2004
Decision Date:	05/05/2015	UR Denial Date:	03/17/2015
Priority:	Standard	Application Received:	03/25/2015

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 62-year-old who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of May 9, 2004. In a Utilization Review report dated March 17, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a March 7, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 12, 2015, the applicant reported ongoing complaints of knee pain, 6/10, with medications. Norco was renewed. Derivative complaints of depression and anxiety were evident. The attending provider stated that the applicant was functional with his medications but did not elaborate further. The applicant's work status was not detailed. An orthopedic surgery consultation was reportedly pending. On January 14, 2015, the applicant reported 7/10 pain with medications versus 10/10 pain without medications. Some activities of daily living such as mowing the lawn at home remain problematic, the applicant acknowledged. The applicant was using Norco and Neurontin. Norco was renewed on this occasion. The applicant was prescribed up to six Norco a day. Once again, the applicant's work status was not detailed, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 Prescription Of Norco 10/325mg #180: Upheld

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

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's work status was not furnished on multiple office visits of early 2015, referenced above. The applicant continued to report pain complaints as high as 6-7/10, despite ongoing Norco usage. The attending provider failed to outline any quantifiable decrements in pain or meaningful improvements in function effected as a result of ongoing Norco usage. All of the foregoing, taken together, failed to make a compelling case for continuation of the same. Therefore, the request was not medically necessary.