

Case Number:	CM15-0058342		
Date Assigned:	04/03/2015	Date of Injury:	11/30/1995
Decision Date:	05/05/2015	UR Denial Date:	03/23/2015
Priority:	Standard	Application Received:	03/27/2015

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 low back and hip pain reportedly associated with an industrial injury of November 30, 1995. In a Utilization Review report dated March 23, 2015, the claims administrator failed to approve a request for Norco. A RFA form of March 15, 2015 and a progress note of February 19, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On November 6, 2014, the applicant reported ongoing complaints of hip pain, 5-6/10 with weight bearing versus 2-3/10 with at rest. The applicant was asked to continue Norco. The applicant was described as having already retired and was seemingly no longer working, the treating provider reported. No explicit discussion of medication efficacy transpired. On December 11, 2014, the applicant was again described as off of work, having reportedly retired. The applicant was asked to continue Norco. Once again, no discussion of medication efficacy transpired. Ongoing complaints of hip pain were evident. On December 19, 2014, the applicant stated that her pain complaints were poorly controlled and further noted that she was having difficulty negotiating stairs or walking on uneven terrain. The applicant was not currently employed, it was acknowledged. The applicant was 51 years old, it was noted, as of this date.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #480: Upheld

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

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 off of work, it was acknowledged on multiple progress notes referenced above, at age 51. The treating provider seemingly suggested that the applicant's pain complaints were heightened from visit to visit as opposed to reduced from visit to visit, despite ongoing Norco usage. The applicant's continuing reports of difficulty performing activities of daily living as basic as standing, walking, and/or negotiating stairs likewise did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.