

Case Number:	CM15-0081812		
Date Assigned:	05/04/2015	Date of Injury:	07/31/2007
Decision Date:	06/04/2015	UR Denial Date:	04/15/2015
Priority:	Standard	Application Received:	04/28/2015

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 47-year-old who has filed a claim for chronic low back, knee, hip, and shoulder pain reportedly associated with an industrial injury of July 31, 2007. In a Utilization Review report dated April 15, 2015, the claims administrator failed to approve a request for Norco. Non-MTUS ODG and non-MTUS ACOEM Guidelines were cited at the bottom of the report but were not incorporated into the report rationale. The applicant's attorney subsequently appealed. In a progress note dated March 24, 2015, the applicant reported multifocal complaints of knee, leg, elbow, and hand pain with derivative complaints of depression and anxiety. The applicant was off work, it was acknowledged. The applicant had been given a 98% whole person impairment rating, it was reported. The applicant's medication list included Flexeril, Robaxin, Motrin, Norvasc, Flomax, Klonopin, Viagra, Norco, Restoril, and Naprosyn, it was suggested. The note was very difficult to follow and mingled historical issues with current issues. The applicant did report reduction in pain scores from 10/10 without Norco to 4/10 with Norco; it was reported in one section of the note. The applicant did have significant depressive symptoms. Walking remained quite painful, it was acknowledged. The applicant was only able to walk a couple of blocks or less. Sitting, sleeping, driving, bending, twisting, and negotiating stairs remained painful and problematic, it was reported. Multiple medications, including Norco and Restoril, were renewed, as were the applicant's permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg 60 tablets: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM. Decision based on Non-MTUS Citation ODG, Chronic pain, opioids/medications.

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 not working; it was noted on March 24, 2015. While the attending provider did report some reduction in pain scores with Norco usage on that date, said reduction in pain scores was outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant was still having difficulty performing activities of daily living as basic as standing, walking, bending, and twisting, coupled with the applicant's failure to return to work, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.