MAXIMUS Federal Services

Case Number:	CM15-0082270		
Date Assigned:	05/04/2015	Date of Injury:	12/04/2014
Decision Date:	06/04/2015	UR Denial Date:	04/17/2015
Priority:	Standard	Application Received:	04/29/2015

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 40-year-old who has filed a claim for chronic ankle, foot, and low back pain reportedly associated with an industrial injury of December 4, 2014. In a Utilization Review report dated April 17, 2015, the claims administrator partially approved a request for Norco (hydrocodone), apparently for tapering or weaning purposes. The claims administrator referenced progress notes of April 30, 2015 and March 18, 2015 in its determination. The applicant's attorney subsequently appealed. On January 22, 2015, the applicant reported complaints of severe ankle, foot, and low back pain with radiation of pain to left leg. MRI imaging of lumbar spine and MRI imaging of left ankle were endorsed, along with tramadol, naproxen, and Protonix. On February 20, 2015, Norco and tramadol were endorsed while the applicant was placed off of work, on total temporary disability, owing to multifocal complaints of neck, low back, knee, and ankle pain. The applicant was asked to continue using a lumbar support. On March 18, 2015, the applicant was again given prescriptions for Norco and tramadol. 7-8/10 pain complaints were reported. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Once again, the applicant was placed off of work, on total temporary disability, for additional four weeks. In a RFA form dated April13. 2015, Norco and tramadol were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10mg #30: 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 hydrocodone (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, on total temporary disability, as of the date of the request. The applicant continued to report pain complaints as high as 7-8/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.