MAXIMUS Federal Services

Case Number:	CM15-0083646		
Date Assigned:	05/05/2015	Date of Injury:	10/14/2002
Decision Date:	06/08/2015	UR Denial Date:	04/14/2015
Priority:	Standard	Application Received:	05/01/2015

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 56-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 14, 2002. In a Utilization Review report dated April 14, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. An RFA form dated April 16, 2015 and an associated progress note dated March 9, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On October 7, 2014, Naprosyn, Protonix, and Soma were endorsed owing to ongoing complaints of low back pain, 6/10. The applicant was using Norco for pain relief. The applicant had undergone earlier failed spine surgery, it was acknowledged. Permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. On March 9, 2015, the applicant again reported ongoing complaints of low back pain, 6/10. The attending provider stated that the applicant's ability to groom and cook had been ameliorated as a result of ongoing medication consumption. The attending provider stated that Norco had diminished the applicant's pain complaints. The applicant was also using Flexeril, Naprosyn, Protonix, and Lidoderm patches, it was acknowledged. Permanent work restrictions were, once again, renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/APAP 10/3.25mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 63-64, 67, 68, 78, 111-113. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Index, 13th Edition, (web) 2015, Pain, Proton Pump Inhibitors.

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-acetaminophen (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 seemingly off of work following imposition of permanent work restrictions, as suggested above. While the attending provider did recount some reported reduction in pain scores effected as a result of ongoing medication consumption on his March 9, 2015 progress note, these reports were, however, 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 effected as a result of ongoing opioid therapy (if any). The attending provider's commentary to the effect that the applicant's ability to perform household chores including grooming and bathing as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.