

Case Number:	CM14-0173123		
Date Assigned:	10/23/2014	Date of Injury:	05/27/2000
Decision Date:	12/02/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/20/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and unspecified amounts of physical therapy over the course of the claim. In a Utilization Review of Report dated October 14, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a progress note dated May 15, 2014, the applicant reported ongoing complaints of low back pain, 3/10 with medications versus 8/10 without medications. The applicant was 73 years old, it was incidentally noted. The applicant is status post a total hip arthroplasty surgery and had ancillary issues of depression and hypertension, it was noted. The applicant's medications included Norco, Lotrel, Viagra, Nadolol, vitamin B12, Zocor, and Cymbalta. The applicant's BMI was 25. The applicant was given a refill of Norco. The applicant was asked to pursue facet joint injection therapy. The applicant had reportedly tapered off of OxyContin and was now relying on Norco alone, the attending provider posited. In a July 22, 2014 progress note, the attending provider noted that the applicant had alleged back and shoulder pain secondary to cumulative trauma at work. The attending provider stated that the applicant was remaining active and was reportedly playing golf. 3/10 pain with medications was appreciated. It was stated that the applicant was able to volunteer a few hours a day and do simple activities on weekends with medications. The applicant posited that his medications and injections were allowing him to travel to visit his family in [REDACTED] and continue playing golf. The applicant was permanent and stationary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone-Acetaminophen 7.5/325mg #90, refills 2: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Topic Page(s): 80.

Decision rationale: 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. In this case, the applicant has not returned to work, although it is acknowledge that this may be a function of age (73) as opposed to a function of industrial injury. The applicant, however, is reportedly deriving appropriate reduction in pain scores through ongoing Norco usage. Ongoing Norco usage, the attending provider has posited, has facilitated the applicant's traveling, remaining active, interacting with family members, and playing golf. Continuing the same, on balance, is therefore indicated. Accordingly, the request of Hydrocodone-Acetaminophen 7.5/325mg #90, refills 2 is medically necessary and appropriate.