

Case Number:	CM14-0161564		
Date Assigned:	10/07/2014	Date of Injury:	07/25/2001
Decision Date:	05/13/2015	UR Denial Date:	09/22/2014
Priority:	Standard	Application Received:	10/01/2014

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. 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 55-year-old who has filed a claim for chronic wrist, hand, upper extremity, finger, low back, and knee pain reportedly associated with an industrial injury of July 25, 2001. In a Utilization Review report dated September 22, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The claims administrator referenced an RFA form of September 11, 2014 and an associated progress note of August 25, 2014 in its determination. The applicant's attorney subsequently appealed. In a handwritten note dated March 3, 2015, it was suggested that the applicant had no-showed for an appointment scheduled for that date. On September 15, 2014, the applicant reported multifocal complaints of low back, neck, and knee pain reportedly imputed to cumulative trauma at work. The applicant was reportedly using Norco and Soma. The applicant was status post a knee meniscectomy, a lumbar disk implantation, left and right carpal tunnel release surgeries, and epidural steroid injection therapy. Soma, Norco, and Xanax were renewed, without much discussion on medication efficacy. It was suggested (but not clearly stated) that the applicant was working with limitations in place in one section of the note. In another section of the note, it was stated that the applicant was having difficulty with standing, walking, bending, and sleeping tasks. The applicant was still smoking. Ambulating, self-care, and personal hygiene all remained problematic, the treating provider reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #60 1 PO; Q8HRS: 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 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, it was suggested (but not clearly stated) that the applicant was working on a progress note of September 15, 2014. However, the attending provider failed to outline any quantifiable decrements in pain or material improvements in function affected as a result of ongoing Norco usage. Other sections of the September 15, 2014 progress note stated that the applicant had a severe functional disability with difficulty performing activities of daily living as basic as ambulating, hand function, physical activity, self-care, personal hygiene, standing, walking, bending, and sleeping. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. The attending provider, as noted previously, did not explicitly state or establish that ongoing usage of Norco was in fact beneficial. Therefore, the request was not medically necessary.