

Case Number:	CM14-0210044		
Date Assigned:	12/23/2014	Date of Injury:	07/26/2008
Decision Date:	02/27/2015	UR Denial Date:	11/24/2014
Priority:	Standard	Application Received:	12/15/2014

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, Ohio, 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 [REDACTED] who has filed a claim for chronic low back, neck, leg, and wrist pain reportedly associated with an industrial injury of July 26, 2008. In a Utilization Review Report dated November 24, 2014, the claims administrator partially approved a request for Norco. An October 10, 2014 progress note was referenced in the determination. The applicant's attorney subsequently appealed. In a June 13, 2014 progress note, the applicant reported persistent complaints of neck pain, low back pain, and upper extremity pain. The applicant was having difficulty walking and was using a cane to move about. The applicant was not working, it was acknowledged and had last worked in September 2008. The applicant was status post both cervical and lumbar epidural steroid injection. The applicant was still using a cervical collar. The applicant was receiving intermittent manipulative treatment, acupuncture, and pain psychology treatments. Terocin, Norco, Prilosec, Norflex, and permanent work restrictions were endorsed. The attending provider acknowledged that the applicant was not working with said permanent limitations in place. On October 10, 2014, the applicant again reported persistent complaints of neck and low back pain. The applicant was still having difficulty performing activities of daily living as basic as ambulating. The applicant was using Norco twice daily. The applicant stated that Norco was ameliorating her pain complaints in one section of the note, while another section of the note stated that the applicant reported 9/10 low back pain and was having difficulty performing sitting, standing, and walking activities. The applicant stated that she felt desperate owing to her pain complaints. Permanent work restrictions were renewed. Home exercises were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Hydrocodone / APAP 10/325mg between 11/20/2014 and 1/4/2015.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 74.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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. Here, the applicant was/is off of work, despite ongoing usage of Norco. The applicant was having difficulty performing activities of daily living as basic as standing, walking, and sitting, despite ongoing Norco usage. The applicant was still using a cane. The applicant reported severe 9/10 pain complaints on October 10, 2014. All of the foregoing, taken together, did not make a compelling case for continuation of the same. Therefore, the request was not medically necessary.