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| Case Number: | CM14-0211319 | | |
| Date Assigned: | 12/24/2014 | Date of Injury: | 01/28/2012 |
| Decision Date: | 02/27/2015 | UR Denial Date: | 12/05/2014 |
| Priority: | Standard | Application Received: | 12/17/2014 |

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] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of January 28, 2012. In a Utilization Review Report dated December 12, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purpose. A November 18, 2014 progress note was referenced for the determination. The applicant's attorney subsequently appealed. On August 30, 2014, the applicant reported ongoing complaints of knee, low back, and foot pain. The applicant was status post amputation of the left second to fifth toes. The applicant did have hypertension and diabetes, it was acknowledged. Work restrictions were endorsed, it was not clearly stated whether the applicant was or was not working. Voltaren gel, Norco, and Norflex were renewed. In an August 19, 2014 narrative report, the applicant was described as off of work, on total temporary disability. The applicant was using a cane to move about, it was acknowledged. A TENS unit was sought on that date. On November 18, 2014, the attending provider acknowledged that the applicant was not working. Painful and decreased ranges of motion were noted about the low back, foot, and knee. A rather proscriptive 20-pound lifting limitation was endorsed, effectively resulting in the applicant's removal from the workplace. Norco, Voltaren gel, and Norflex were again renewed, again without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. The applicant's continued comments that he was having difficulty performing activities of daily living as basic as ambulating and was still using a cane to move about, coupled with the applicant's continued complaints of moderate, frequent multifocal pain complaints, did not make a compelling case for continuation of Norco. Therefore, the request was not medically necessary.