

Case Number:	CM14-0214897		
Date Assigned:	01/05/2015	Date of Injury:	11/23/2010
Decision Date:	03/03/2015	UR Denial Date:	12/09/2014
Priority:	Standard	Application Received:	12/22/2014

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:

FILE NUMBER: CM14-0214897
CLINICAL SUMMARY: The applicant is a represented [REDACTED] employee who has filed a claim for chronic low back pain reportedly associated with an industrial injury of November 23, 2010. In a Utilization Review Report dated December 9, 2014, the claims administrator denied a request for Norco. The claims administrator referenced an RFA form received on December 4, 2014 in its determination. The claims administrator stated that a progress note dated November 24, 2014 suggested that the applicant was not profiting as a result of ongoing Norco usage. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated June 17, 2014, the applicant reported constant complaints of low back pain radiating to the bilateral lower extremities. The applicant was described as moderately obese with a BMI of 40. The applicant was using Dendracin, Norco, gabapentin, Prilosec, Dulcolax, and various dietary supplements. The applicant had been off of work since February 2011, the treating provider acknowledged. In a progress note dated January 7, 2014, the applicant reported persistent complaints of low back pain. The applicant was using Neurontin, Norco, Prilosec, Terocin, and various dietary supplements, it was acknowledged. Multiple medications were refilled. The attending provider stated that the applicant continues to have issues with pain, poor mood, and psychological stress associated with his chronic pain. The applicant exhibited a visibly antalgic gait. Multiple medications were refilled. Permanent work restrictions were renewed. It did not appear that the applicant was working with said limitations in place. The attending provider stated that the applicant's medications were beneficial but did not elaborate further. Norco was refilled on March 17,

2014. On February 10, 2014, the attending provider stated that the applicant was having difficulty performing activities of daily living as basic as housekeeping, shopping, and yard work, despite ongoing hydrocodone-acetaminophen (Norco) usage.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

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

Decision rationale: 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, however, the applicant was/is off of work. The applicant has apparently not worked in a span of several years, both the applicant's treating provider and the medical-legal evaluator acknowledged, above. The applicant is having difficulty performing activities of daily living as basic as household chores, yard work, housekeeping, etc., despite ongoing Norco usage. All of the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.