MAXIMUS Federal Services

Case Number:	CM15-0105873		
Date Assigned:	06/10/2015	Date of Injury:	02/25/2010
Decision Date:	07/16/2015	UR Denial Date:	05/20/2015
Priority:	Standard	Application Received:	06/02/2015

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 30-year-old who has filed a claim for chronic elbow pain with derivative complaints of depression reportedly associated with an industrial injury of February 25, 2010. In a Utilization Review report dated May 20, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 13, 2015 RFA form and an associated office visit of May 7, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 13, 2015, Norco and Lyrica were endorsed. In an associated progress note of May 7, 2015, the applicant reported ongoing complaints of shoulder, elbow, and hand pain. The applicant was on Lyrica, Norco, Amoxil, Coreg, and Zestril, it was reported in the medical history section of the note. The attending provider stated that the applicant's pain complaints were scored a 6. 5/10 without medications versus 3/10 with medications. The attending provider stated that the applicant's ability to attend course work had been ameliorated as a result of ongoing medication consumption. The attending provider did conduct a review of records, it was stated, one of which included a urine drug screen of October 3, 2013, which was positive for marijuana metabolites. The applicant was severely obese, with a BMI of 47, it was reported. Norco and Lyrica were renewed. The attending provider did not state whether the applicant was or was not currently using marijuana. At the bottom of the report, it was acknowledged that the applicant was not working following the imposition of permanent work restrictions.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 6) When to Discontinue Opioids Page(s): 79.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, "immediate discontinuation" of opioids is suggested in applicants who are engaged in illicit drug use while concurrently using opioids. Here, the attending provider did suggest that the applicant was using Norco in conjunction with marijuana, an illicit substance. The attending provider's progress note of May 7, 2015 did not clearly state why a decision was made to continue opioid therapy in the face of the applicant's prior positive drug test result. There was no compelling evidence to emerge to the effect that the applicant had since ceased marijuana consumption. Discontinuing Norco is a more appropriate option than continuing the same, given the foregoing. Therefore, the request was not medically necessary.