MAXIMUS Federal Services

Case Number:	CM15-0107880		
Date Assigned:	06/12/2015	Date of Injury:	11/18/2004
Decision Date:	07/16/2015	UR Denial Date:	05/22/2015
Priority:	Standard	Application Received:	06/04/2015

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 49-year-old who has filed a claim for chronic mid back pain, shoulder pain, hip pain, and pelvic pain reportedly associated with an industrial injury of November 18, 2004. In a Utilization Review report dated May 22, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 12, 2015 order form in its determination. The applicant's attorney subsequently appealed. On May 12, 2015, the applicant reported ongoing complaints of low back, shoulder, and hip pain. The attending provider maintained that ongoing medication consumption was profitable. The applicant also reported that an epidural injection had approved profitable in terms of reducing the applicant's pain complaints. The applicant was using Norco four times daily, Desyrel nightly, Zoloft daily, and Motrin daily for ongoing multifocal pain complaints. The applicant was working on a full-time basis, the treating provider reiterated. Multiple medications were renewed, including the Norco at issue. On February 17, 2015, the attending provider again maintained the applicant's ability to work, perform household chores, do laundry, wash dishes, walk, and the like, had all been ameliorated as a result of ongoing medication consumption. The attending provider also posited that the applicant was working and stated that ongoing usage of Norco was effectively ameliorating the applicant's pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 DND until 6/12/15: Overturned

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; 5) Recommended Frequency of Visits While in the Trial Phase (first 6 months) Page(s): 80; 79.

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had apparently returned to and/or maintained full-time, regular duty work status as a result of ongoing medication consumption, the treating provider maintained. The applicant was deriving appropriate analgesia and ability to perform various and sundry activities of daily living, including household chores, laundry, cooking, etc., as a result of ongoing medication consumption. Continuing Norco, on balance, was indicated, given the applicant's favorable response to the same. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines does stipulate that applicants who are managed with controlled substances should be seen monthly, quarterly, or semi-annually as required by the standard of care. Here, the attending provider was seemingly treating and/or following up with the applicant at this frequency. Continuing Norco was, thus, indicated, for all of the aforementioned reasons. Therefore, the request was medically necessary.