

Case Number:	CM15-0108316		
Date Assigned:	06/15/2015	Date of Injury:	04/01/2004
Decision Date:	07/16/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/05/2015

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 53-year-old who has filed a claim for chronic low back and knee pain reportedly associated with an industrial injury of April 1, 2004. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on May 19, 2015 in its determination. On May 7, 2015, the applicant reported ongoing complaints of low back, knee, and wrist pain. The applicant was using H-wave device. The applicant had superimposed issues of hypertension and diabetes. The applicant reported issues of popping, clicking, locking, and instability about the knees. Viscosupplementation injection therapy was sought for knee arthritis. Norco, Protonix, Flexeril, tramadol, and Naprosyn were renewed. Work restrictions were endorsed. It was not clearly stated whether the applicant was or was not working with said limitations in place. Little-to-no discussion of medication efficacy transpired. The attending provider did state, however, that the applicant needed medication refill towards the top of the report. On October 29, 2014, the attending provider acknowledged that the applicant was having difficulty performing activities of daily living as basic as standing, walking, and lifting owing to ongoing pain complaints. The applicant was not working and was receiving Social Security Disability Insurance (SSDI) benefits in addition to Worker's Compensation indemnity benefits, it was acknowledged. Vicodin, Lidoderm, Flexeril, Naprosyn, Protonix, and Neurontin were renewed on this date. The applicant was not working it was reiterated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

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 Page(s): 80.

Decision rationale: No, 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 not working, was receiving both Worker's Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, it was reported. The applicant reported pain complaints as high as 9/10 on October 29, 2014. The applicant was having difficulty performing activities of daily living as basic as standing, walking, and lifting, it was reported on that date. A subsequent office visit of May 7, 2015 also noted that the applicant was still having difficulty performing standing activities. The attending provider likewise failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.