MAXIMUS Federal Services

Case Number:	CM15-0113340		
Date Assigned:	06/19/2015	Date of Injury:	04/11/2010
Decision Date:	07/22/2015	UR Denial Date:	05/08/2015
Priority:	Standard	Application Received:	06/11/2015

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 low back, knee, and foot pain reportedly associated with an industrial injury of April 11, 2010. In a Utilization Review report dated May 8, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on May 1, 2015 in its determination. The applicant's attorney subsequently appealed. In a RFA form dated May 1, 2015, Norco, tramadol, Naprosyn, Protonix, and Flexeril were prescribed and/or dispensed. In an associated progress note dated April 1, 2015, the applicant reported ongoing complaints of shoulder pain, neck pain, low back pain, knee pain, and foot pain. The attending provider maintained that the applicant's ability to perform household chores such as grooming and cooking had been ameliorated as a result of ongoing medication consumption. The attending provider also stated that the applicant reported pain scores with various medications, including the Norco at issue. The applicant was nevertheless asked to continue the TENS unit. Additional physical therapy was sought while multiple medications were renewed. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On June 11, 2015, the attending provider stated that the applicant had ongoing complaints of shoulder, neck, and knee pain. The attending provider renewed the applicant's permanent work restrictions. Once again, it was not explicitly stated whether the applicant was or was not working, although this did not appear to be the case.

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, Weaning of Medications Page(s): 78, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone 10/325 (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's work status was not clearly evident on multiple office visits, referenced above, including on April 1, 2015. While the attending provider stated that the applicant's pain scores were reduced as a result of ongoing medication consumption, these reports were, however, outweighed by the attending provider's failure to outline the applicant's work status, the applicant's seeming failure to return to work and/or the attending provider's to report the work status, the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing hydrocodone usage. The attending provider's commentary to the effect that the applicant's ability to perform household chores such as grooming and cooking as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, and/or substantive improvement in function effected as a result of ongoing hydrocodone usage. Therefore, the request was not medically necessary.