

Case Number:	CM15-0122773		
Date Assigned:	07/07/2015	Date of Injury:	07/21/2004
Decision Date:	08/04/2015	UR Denial Date:	05/19/2015
Priority:	Standard	Application Received:	06/25/2015

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 66-year-old who has filed a claim for chronic low back, back, and wrist pain with derivative complaints of headaches reportedly associated with an industrial injury of July 21, 2004. In a Utilization Review report dated May 19, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a May 13, 2015 RFA form and associated May 5, 2015 progress note in its determination. On May 5, 2015, the applicant reported ongoing complaints of chronic low back pain. Ancillary issues of obstructive sleep apnea were reported. The applicant was permanent and stationary and was no longer working, it was reported. Norco was renewed. The applicant was asked to follow up in three months. The applicant medications included Norco, Mobic, Phentamine, and Lasix, it was reported. The attending provider stated that the applicant was able to do self-care with his medications and would be bed-bound without his medications. The attending provider stated that the applicant would be unable to tolerate trips to the Pain Clinic to obtain medications refills without his medications.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone/Acetaminophen 10/325mg, #120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, specific drug list: Hydrocodone/Acetaminophen; Opioids, criteria for use.

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-acetaminophen (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 off of work, it was reported on May 5, 2015. The applicant was not working following the imposition of the permanent work restrictions, it was reported. While his attending provider did state that the applicant's medications were beneficial in terms of reducing the applicant's pain scores, these reports were, however, outweighed by the applicant's failure to return to work and attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as result of ongoing Norco usage (if any). The attending provider's comment to the effect that the applicant would be bedbound and unable to perform activities of self care and personal hygiene without his medications does not constitute evidence of meaningful or material improvement in function effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.