MAXIMUS Federal Services

Case Number:	CM15-0172894		
Date Assigned:	09/15/2015	Date of Injury:	04/30/1999
Decision Date:	10/21/2015	UR Denial Date:	08/28/2015
Priority:	Standard	Application Received:	09/02/2015

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 [redacted] beneficiary who has filed a claim for chronic low back pain (LBP) reportedly associated with industrial injury of April 30, 1999. In a Utilization Review report dated August 20, 2015, the claims administrator failed to approve a request for Norco. An April 28, 2015 office visit was referenced in the determination. The applicant's attorney subsequently appealed. On August 20, 2015, Norco was refilled. On a progress note dated April 20, 2015, the applicant reported ongoing complaints of low back pain, apparently treated non-operatively. The applicant is on Norvasc, Aspirin, Norco, Lyrica, Zestril, Nucynta, Lopressor, and Pravachol, it was stated. The applicant was not currently employed, it was reported in the Social History section of the note. The applicant had taken "disability retirement," it was further noted. The applicant was described as using pain medications minimally. The applicant had not refilled pain medications in over six months, it was reported. The applicant stated that he only used his pain medications once to twice per day during flare ups. The attending provider contended that the applicant's pain medications were appropriately ameliorating his pain complaints and were facilitating improvements of daily walking at a rate of 3 to 5 miles daily.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10-325mg #120: Overturned

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

Decision rationale: Yes, the request for Norco (hydrocodone-acetaminophen), 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, while the applicant had failed to return to work, the attending provider reported on April 20, 2015, the applicant was deriving appropriate analgesia from ongoing Norco usage and was able to walk out 3-5 miles daily. The applicant was described as using Norco sparingly. The attending provider and the applicant seemingly suggested that 120 tablet supply of Norco at issue was lasting six months, on average. Continuing the same, on balance, was indicated, given the applicant's reports of analgesia and performance of significant amounts of home exercise on a daily basis. Therefore, the request was medically necessary.