MAXIMUS Federal Services

Case Number:	CM15-0173387		
Date Assigned:	09/15/2015	Date of Injury:	06/02/2003
Decision Date:	11/02/2015	UR Denial Date:	08/27/2015
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 43-year-old who has filed a claim for chronic knee pain reportedly associated with an industrial injury of June 2, 2003. In a Utilization Review report dated August 23, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an August 20, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On August 20, 2015, the applicant reported ongoing complaints of low back and knee pain reportedly associated with the industrial assault injury. The applicant was described as not having worked since 2005. The applicant was given refills of Motrin, Prilosec, and Norco. Permanent work restrictions were renewed. 7/10 pain with medications versus 8/10 without medications was reported. The attending provider then stated in another section of the note, somewhat incongruously, that the applicant's medications were diminishing her pain scores by 40% to 50%. The applicant acknowledged that activities as basic as sitting, standing, and walking remained problematic. The applicant needed assistance from her daughter to perform grocery shopping and household chores, it was reported. The attending provider stated that the applicant's narcotic medications alone were proving "minimally effective."

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG Qty 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

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

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 because of the same. Here, however, the applicant was off work, it was acknowledged on a progress note dated August 20, 2015. The applicant had not worked since 2005; it was reported on that date. The attending provider reported that the applicant's pain medications were "minimally effective, "it was acknowledged on that date. Activities as basic as grocery shopping, standing, and walking remained problematic, the treating provider reported, despite ongoing Norco usage. Not all of the foregoing, taken together, made a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.