

Case Number:	CM15-0179670		
Date Assigned:	09/21/2015	Date of Injury:	11/18/2003
Decision Date:	10/30/2015	UR Denial Date:	08/18/2015
Priority:	Standard	Application Received:	09/11/2015

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 44-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of November 18, 2003. In a Utilization Review report dated August 18, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a July 28, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of low back pain. Percocet and Norco were both seemingly endorsed on this date. The applicant was apparently working, it was reported. The attending provider contended that the applicant was using Norco as a first-line agent at a rate of four to six tablets a day for baseline management of his low back pain. The attending provider gave the applicant six tablets of Percocet for severe flares of pain. The applicant seemingly reported 7/10 without medications versus 4/10 with medications. The attending provider contended that the applicant was working as a construction laborer despite ongoing pain complaints. The attending provider also noted that the applicant had apparently obtained 15 tablets of Norco from another provider on the grounds that he has run out of his medications early, upon reviewing the CURES database. On July 28, 2015, the applicant reported ongoing complaints of low back pain. The applicant was off of work, it was reported, at this point, having sustained a fracture of the right leg. The attending provider contended that the applicant's functionality was significantly improved as a result of ongoing opioid therapy. 10/10 pain without medications versus 2 to 3/10 pain with medications was reported. The attending provider stated that the applicant had been enjoying to obtain all of his medications from her. The attending provider stated that she surveyed the CURES database

and found that the applicant had not obtained medications from other providers since his most recent visit with her in June 2015. On June 29, 2015, the attending provider reported that the applicant had undergone a lateral tibial plateau fracture, ORIF surgery and compartmental release procedure. The applicant had been briefly hospitalized for the same. The attending provider stated that she was taking over all of the applicant's opioid prescriptions, going forward. The applicant apparently voiced his assent to the same.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #150 with 2 refills: Overturned

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, Opioids, specific drug list.

Decision rationale: Yes, the request for hydrocodone-acetaminophen (Norco) was medically necessary, medically appropriate, and indicated here. As noted on page 91 of the MTUS Chronic Pain Medical Treatment Guidelines, Norco or hydrocodone-acetaminophen is indicated in the treatment of moderate-to-moderately severe pain, as was seemingly present here on or around the date in question, July 28, 2015. The applicant was about a few months removed from the date of the earlier tibial ORIF surgery, it was reported on that date. The applicant was still using crutches to move about, it was reported. The applicant, thus, had relatively acute issues with leg pain associated with tibial fractures superimposed on long-standing issues with chronic low back pain. The applicant could, thus, be reasonably or plausibly be expected or anticipated to experience pain in the moderate-to-mildly severe range on or around the date in question, July 28, 2015. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that applicants obtain all opioid prescriptions from a single practitioner and all prescriptions from a single pharmacy. Here, the attending provider's June 29, 2015 and July 28, 2015 progress note did suggest that the applicant had ultimately complied with directives to obtain all of his opioid prescriptions from her. Continued usage of Norco, thus, was indicated on or around the date in question. Therefore, the request was medically necessary.