

Case Number:	CM15-0026697		
Date Assigned:	02/19/2015	Date of Injury:	08/02/2012
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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 reportedly associated with an industrial injury of August 2, 2012. In a Utilization Review Report dated February 3, 2015, the claims administrator failed to approve a request for Norco (hydrocodone-acetaminophen). The claims administrator referenced an RFA form received on January 26, 2015 in its determination. The applicant's attorney subsequently appealed. On January 26, 2015, the applicant was given prescriptions for tramadol, Norco, Naprosyn, and Protonix. Ongoing complaints of 6-7/10 low back and neck pain were noted. The attending provider contended that the applicant's medications were diminishing his pain levels. The attending provider then stated that the applicant should continue permanent limitations previously imposed by a medical-legal evaluator. It did not appear that the applicant was working with said limitations in place. In a progress note dated July 29, 2014, the applicant's pain management physician noted that the applicant was off of work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 10/325 mg, sixty count: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): Chronic Pain Medical Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 MTUS (Effective July 18, 2009) Page 80 of 127.

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/is off of work, on total temporary disability, despite ongoing Norco usage. The attending provider's progress notes failed to outline any material or meaning improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.