

Case Number:	CM15-0037984		
Date Assigned:	03/06/2015	Date of Injury:	12/16/2002
Decision Date:	04/15/2015	UR Denial Date:	02/11/2015
Priority:	Standard	Application Received:	02/27/2015

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 42-year-old [REDACTED] beneficiary who has filed a claim for chronic low back pain reportedly associated with an industrial injury of December 11, 2002. In a Utilization Review Report dated February 11, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on January 28, 2015 in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported persistent complaints of low back pain radiating to the left leg, 6/10. The applicant apparently had issues with anemia, treated elsewhere. The applicant was given diagnoses of chronic low back pain status post failed lumbar fusion surgery and myofascial pain syndrome. Norco was renewed. It was suggested that the applicant was using Norco approximately six times daily. The applicant's permanent work restrictions were renewed. It did not appear that the applicant was working with said permanent limitations in place. A discussion of medication efficacy did not transpire on this date. On November 7, 2014, the applicant was given a refill of Norco, which the applicant was using at a rate of six tablets daily. Permanent work restrictions were renewed. Once again, no discussion of medication efficacy transpired. It did not appear that the applicant was working with previously imposed permanent limitations, although this was not explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydorcodone/APAP 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 2010 Revision, Web Edition. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Web Edition.

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's work status was not clearly outlined or clearly detailed on multiple office visits, referenced above. It did not appear that the applicant was working with previously imposed permanent restrictions. The applicant continues to report pain complaints as high as 6/10, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function or quantifiable decrements in pain effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.