

Case Number:	CM15-0038017		
Date Assigned:	03/06/2015	Date of Injury:	09/28/2011
Decision Date:	04/15/2015	UR Denial Date:	02/02/2015
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 36-year-old who has filed a claim for chronic low back and bilateral knee pain with ancillary complaints of depression and anxiety reportedly associated with an industrial injury of September 28, 2011. In a utilization review report dated February 27, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note of January 27, 2015 in its determination. The applicant's attorney subsequently appealed. On January 27, 2015, the applicant reported 9/10 low back pain. The applicant was using Flexeril and Norco. The applicant was not working, it was acknowledged. The applicant's primary pain generator was the low back. Ancillary pain generators included the bilateral knees. Derivative complaints of depression and anxiety were noted. Norco was renewed. The attending provider stated that the applicant's medications were helpful but did not elaborate further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Hydrocodone 10/325mg) #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-going management Page(s): 78,80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 1.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 as a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of January 27, 2015, the treating provider acknowledged. The applicant continued to report pain complaints as high as 9/10 on that date. The attending provider failed to outline any meaningful and material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.