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| Case Number: | CM15-0069511 | | |
| Date Assigned: | 04/17/2015 | Date of Injury: | 11/25/2014 |
| Decision Date: | 05/19/2015 | UR Denial Date: | 03/11/2015 |
| Priority: | Standard | Application Received: | 04/13/2015 |

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 57-year-old who has filed a claim for groin pain reportedly associated with an industrial injury of November 25, 2014. In a Utilization Review report dated March 7, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a March 9, 2015 order form in its determination, along with a Doctor's First Report (DFR) of the same date. Non-MTUS ODG Chronic Pain Guidelines were employed, despite the fact that this was not a chronic pain case as of the date of the request. The applicant's attorney subsequently appealed. In a handwritten progress note of February 11, 2015, the applicant was placed off of work, on total temporary disability. Vicodin was apparently endorsed. 8/10 groin pain was noted. The note was very difficult to follow. On February 6, 2015, the applicant was placed off of work, on total temporary disability, while Ultracet was prescribed. In the narrative report of February 9, 2015, the applicant described some ongoing complaints of groin pain. The applicant apparently had a visible and palpable hernia. A herniorrhaphy procedure was proposed. In another handwritten note of January 4, 2015, the applicant was given Vicodin for pain relief and placed off of work, on total temporary disability. The applicant did have complaints of groin pain secondary to inguinal hernia, it was reported. The note, as was several other notes, was extremely difficult to follow. On December 20, 2014, Ultracet and Motrin were endorsed for pain-relief purposes through another handwritten progress note. No discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 49; 47.

Decision rationale: No, the request for Norco 10/325 #60 was not medically necessary, medically appropriate, or indicated here. As noted in the MTUS Guideline in ACOEM Chapter 3, Table 3-1 page 49, usage of opioids beyond two weeks is "not recommended" as part of initial approaches to treatment. Here, the applicant had seemingly been using opioids since December 2014. The applicant was using Vicodin on January 4, 2015. Thus, the applicant had been using opioids for a minimum of several weeks as of the date Norco was proposed. The attending provider's documentation, moreover, was sparse, thinly developed, handwritten, not entirely legible, and failed to incorporate any discussion of medication efficacy. The MTUS Guideline in ACOEM Chapter 3, page 47 does stipulate that an attending provider incorporate some discussion of efficacy of medication into his choice of recommendations. Here, the attending provider did not establish whether an ongoing usage of Norco had or had not proven beneficial, although the applicant's failure to return to work did suggested a lack of functional improvement as defined in MTUS 9792.20f, despite ongoing usage of the same. It was not clearly stated why Norco was being employed in conjunction with two other opioid agents, Vicodin, and Ultracet. Therefore, the request was not medically necessary.