

Case Number:	CM15-0069732		
Date Assigned:	04/17/2015	Date of Injury:	10/27/2013
Decision Date:	05/19/2015	UR Denial Date:	04/10/2015
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 37-year-old who has filed a claim for chronic low back pain (LBP) reportedly associated with an industrial injury of October 27, 2013. In a Utilization Review report dated April 7, 2015, the claims administrator partially approved a request for Norco, apparently for tapering or weaning purposes. An April 1, 2015 progress note and an associated RFA form dated April 8, 2015 were referenced in the determination, as was the progress note of March 2, 2015. The applicant's attorney subsequently appealed. On January 19, 2015, the applicant reported ongoing complaints of low back pain radiating to bilateral lower extremities, 7/10. Ancillary complaints of wrist, hand, and shoulder pain were reported. The applicant was using Motrin and Norco for pain relief, it was acknowledged. The applicant was placed off of work, on total temporary disability. There was no discussion of medication efficacy on this date. On January 29, 2015, epidural steroid injection was proposed. Medication selection and/or medication efficacy were not detailed. On March 2, 2015, the applicant was placed off of work, on total temporary disability. 8/10 low back pain radiating to the left leg was reported, seemingly worsened from previous visit. The applicant was using Norco and Motrin. The applicant was, once again, placed off of work, while Norco and Motrin were renewed. The attending provider stated that the applicant's pain complaints had been improved as a result of ongoing Norco usage but declined to elaborate further. An epidural steroid injection was proposed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 (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, it was acknowledged on multiple progress notes of early 2015, referenced above. The attending provider failed to outline any meaningful or material improvements in function affected as a result of ongoing Norco usage (if any) on multiple progress notes, referenced above, including on March 2, 2015 and January 29, 2015. Therefore, the request was not medically necessary.