MAXIMUS Federal Services

Case Number:	CM15-0072324		
Date Assigned:	04/22/2015	Date of Injury:	07/27/2011
Decision Date:	06/11/2015	UR Denial Date:	04/10/2015
Priority:	Standard	Application Received:	04/16/2015

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 53-year-old who has filed a claim for chronic low back, foot, and ankle pain with derivative complaints of anxiety and depression reportedly associated with an industrial injury of July 27, 2011. In a Utilization Review report dated April 10, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on April 1, 2015 and a progress note of March 25, 2015 in its determination. The applicant's attorney subsequently appealed. On March 26, 2015, the applicant reported ongoing complaints of foot and ankle pain, unchanged from previous visit. The applicant was unable to do much more than walk to and from his mailbox for exercise it was reported. The applicant's medication list included Norco, Neurontin, Naprosyn, and Prilosec. The applicant was also using a TENS unit. The applicant was given operating diagnoses of chronic low back pain, complex regional pain syndrome, anxiety disorder, and depression. Norco, Neurontin, Prilosec, and Naprosyn were endorsed, along with six sessions of acupuncture and a psychiatric consultation. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. The applicant was using a cane to move about. In an earlier note dated January 29, 2015, the applicant's permanent work restrictions were again renewed. It was stated that the applicant was unchanged from last visit. Norco, Neurontin, Naprosyn, and Biofreeze gel were endorsed, without any seeming discussion of medication efficacy. Hypersensitivity and swelling about the foot and leg were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #30: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: 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 because of the same. Here, however, the applicant was seemingly off work following imposition of permanent work restrictions, the treating provider suggested. The applicant was having difficulty performing activities of daily living as basic as walking to and from his mailbox; it was reported on March 26, 2015. The attending provider, moreover, failed to outline any meaningful or material improvements in function (if any) effected because of ongoing Norco usage. The attending provider's commentary to the effect that the applicant's ability to walk to and from his mailbox was ameliorated as a result of ongoing medication consumption did not, in and of itself, constitute evidence of a significant or material improvement in function effected as a result of ongoing opioid therapy. Therefore, the request was not medically necessary.