

Case Number:	CM15-0098169		
Date Assigned:	05/29/2015	Date of Injury:	02/12/2006
Decision Date:	07/07/2015	UR Denial Date:	05/14/2015
Priority:	Standard	Application Received:	05/21/2015

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 [REDACTED] beneficiary who has filed a claim for chronic low back, knee, and leg pain reportedly associated with an industrial injury of February 12, 2006. In a Utilization Review report dated May 14, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on May 7, 2015 and an associated progress note of April 30, 2015 in its determination. The applicant's attorney subsequently appealed. In a progress note dated December 11, 2014, the applicant reported 4- 6/10 pain complaints with medications versus 10/10 without medications. The applicant posited that her ability to perform activities of self-care and personal hygiene had been ameliorated as a result of ongoing medication consumption. The applicant was using Norco at a rate of six tablets a day, it was acknowledged, along with Voltaren gel. The applicant exhibited a slowed gait in the clinic setting. Permanent work restrictions imposed by an Agreed Medical Evaluator (AME) were seemingly renewed. It did not appear that the applicant was working with said limitations in place, although this did not appear to be the case. On December 11, 2014, the applicant reported ongoing complaints of low back, leg, knee, and ankle pain, 4-6/10 with medications versus 10/10 without medications. The attending provider posited that the applicant's medications were ameliorating her ability to perform activities of self-care and personal hygiene. The applicant was using Norco at a rate of six tablets a day, it was acknowledged. One-hundred and eighty tablets of Norco were renewed. The applicant had undergone earlier knee surgery, it was suggested. The applicant's work status was not clearly stated, although it did not appear that the applicant was working with limitations imposed by an

Agreed Medical Evaluator (AME), the treating provider suggested. On November 24, 2014, the applicant presented with a police report, informing the attending provider that her medications had been stolen out of her car. On November 12, 2014, the applicant reported ongoing complaints of low back, leg, and knee pain. Restrictions imposed by an Agreed Medical Evaluator were renewed. It did not appear that the applicant was working with said limitations in place. One-hundred and eighty tablets of Norco were furnished. On May 27, 2015, the applicant reported 10/10 pain without medications versus 4/10 with medications. The attending provider stated that the applicant was still using a cane to move about. The attending provider posited that the applicant would be homebound and/or bedbound without her medications. Permanent work restrictions imposed by a medical-legal evaluator were renewed, as were Relafen and Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy purchase of Norco 10/325mg, #180: Upheld

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

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 as a result of the same. Here, however, the applicant did not appear to be working following imposition of permanent work restrictions by an Agreed Medical Evaluator (AME). While the attending provider did recount some reduction in pain scores from 10/10 without medications to 4/10 with medications on May 27, 2015, these reports were, however, outweighed by the applicant's seeming failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. The attending provider's commentary to the effect that the applicant was having difficulty performing standing and walking tasks, the fact that the attending provider continued to renew permanent work restrictions, unchanged, from visit to visit, and the fact that the applicant remained dependent on a cane, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.