MAXIMUS Federal Services

Case Number:	CM13-0050490		
Date Assigned:	12/27/2013	Date of Injury:	06/27/2001
Decision Date:	03/18/2014	UR Denial Date:	11/04/2013
Priority:	Standard	Application Received:	11/13/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Occupational and is licensed to practice in California. 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 physician 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of June 27, 2001. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representations; transfer of care to and from various providers in various specialties; short-acting opioids; unspecified amounts of physical therapy; muscle relaxants; and traction. In a Utilization Review Report of November 4, 2013, the claims administrator partially certified a request for Norco for weaning purposes and approved a request for Viagra for erectile dysfunction. The applicant's attorney subsequently appealed. An earlier note of May 8, 2013 is notable for comments that the applicant reports persistent neck pain. Apparently the applicant has not been furnished with a home traction unit. The applicant is given refills for Viagra, Prilosec, Norco, Ambien, and Naprosyn. On August 14, 2013, the applicant was again given refills of Norco, Viagra, Naprosyn, and Prilosec. The applicant's work status, functional status, and response to these medications were not detailed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #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 Page(s): 80 of 127.

Decision rationale: As noted on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy are evidence of successful return to work, improved function, and/or reduced pain affected as a result of ongoing opioid usage. In this case, however, the applicant does not seemingly meet these criteria. There is no evidence of successful return to work. The applicant's response to previous usage of Norco has not been clearly detailed or clearly described. There is no evidence of reduced pain and/or improved function affected as a result of ongoing Norco usage. Therefore, the request is not certified.