

Case Number:	CM13-0051611		
Date Assigned:	12/27/2013	Date of Injury:	05/29/2012
Decision Date:	05/08/2014	UR Denial Date:	10/30/2013
Priority:	Standard	Application Received:	11/14/2013

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. The expert reviewer is Board Certified in Occupational Medicine 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 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/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 elbow and wrist pain reportedly associated with an industrial injury of May 29, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; opioid agent; and extensive periods of time off of work, on total temporary disability. In a Utilization Review Report of October 30, 2013, the claims administrator partially certified a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In an October 13, 2013 chiropractic progress note, the applicant is described as off of work, on total temporary disability, with ongoing complaints of shoulder, elbow, and wrist pain. The applicant also reports sleep disturbance and psychological stress, it is further noted. An earlier note of July 16, 2013 is again notable for comments that the applicant reports psychological stress, sleep disturbance, and multifocal elbow, wrist, and shoulder pain. The applicant is again placed off of work, on total temporary disability. On prescription/office visit of August 9, 2013 and July 12, 2013, the applicant was given prescriptions for glucosamine, Terocin, flurbiprofen, gabacyclotram, Norco, Valium, and Naprosyn. There was no mention of favorable response to any of the agents in question.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10/325MG #90: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80.

Decision rationale: The Expert Reviewer's decision rationale: Norco is an opioid. 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 reduced pain effected as a result of ongoing opioid therapy. In this case, however, these criteria have not seemingly been met. The applicant is off of work, on total temporary disability. The applicant's pain complaints are seemingly heightened. The applicant is having difficulty with sleep. There is no evidence that the applicant's ability to perform activities of daily living has been ameliorated as a result of ongoing Norco usage. Accordingly, the request is not certified, on Independent Medical Review.