

Case Number:	CM13-0072607		
Date Assigned:	01/17/2014	Date of Injury:	11/09/2010
Decision Date:	05/08/2014	UR Denial Date:	12/03/2013
Priority:	Standard	Application Received:	12/31/2013

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 low back, shoulder, arm, leg, and foot pain reportedly associated with an industrial injury on November 9, 2010. 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; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. In a Utilization Review Report of December 3, 2013, the claims administrator denied a request for Norco. No clear guidelines were cited, although the claims administrator asked the reader to refer to the appropriate sections of ACOEM and/or ODG. A clinical progress note, dated December 28, 2013, is notable for comments that the applicant reports persistent pain complaints. The applicant last worked a year and a half ago. She is now on Social Security Disability Insurance (SSDI). She is not looking for work. She is seeking acupuncture. Her diagnoses include headaches, shoulder pain, low back pain, radiculopathy, peroneal nerve injury, chronic regional pain syndrome, and depression. Flurbiprofen, Norco, Lidoderm, Naprosyn, Protonix, Voltaren, Prozac, and a tramadol- containing cream were sought. An earlier note of November 18, 2013, referred to the applicant as "disabled" and "retired." On this date, flurbiprofen, Norco, Lidoderm, Naprosyn, Protonix, Effexor, Voltaren, and Prozac were endorsed, along with acupuncture.

IMR ISSUES, DECISIONS AND RATIONALES

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

HYDROCODONE (NORCO) 2.5/325MG #90: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM,Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ODG, CHRONIC PAIN, MEDICATION

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

Decision rationale: The Chronic Pain Medical Treatment Guidelines indicate that the cardinal criteria for the continuation of opioid therapy include evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of ongoing opioid therapy. In this case, however, none of the aforementioned criteria have been met. The applicant is off of work, on total temporary disability. The applicant does not appear to have resulted in any lasting benefit or functional improvement through ongoing Norco usage. The applicant remains highly reliant on numerous analgesic, adjuvant, and anti-depressive medications. There is no evidence of appropriate analgesia and/or improved performance of activities of daily living achieved as a result of ongoing Norco usage. Therefore, the request is not certified, on Independent Medical Review.