MAXIMUS Federal Services

Case Number:	CM14-0013775		
Date Assigned:	02/26/2014	Date of Injury:	01/10/2008
Decision Date:	06/26/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	02/03/2014

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 pain, chronic hip pain, chronic shoulder pain, chronic hand pain, and chronic neck pain reportedly associated with an industrial injury of January 10, 2008. 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; earlier knee surgeries; earlier knee arthroscopy; and opioid therapy. In a Utilization Review Report dated January 2, 2014, the claims administrator retrospectively partially certified a request for Norco, seemingly for weaning purposes, stating that the applicant had not profited through ongoing usage of the same. The applicant's attorney subsequently appealed. In a clinical progress note dated December 9, 2013, the applicant was described as having ongoing issues with chronic pain syndrome, anxiety attacks, and panic attacks. The applicant was given refills of Prilosec, Norco, and tizanidine. The applicant was asked to hold Butrans. The applicant was kept off of work, on total temporary disability. The applicant reported persistent multifocal 9/10 shoulder, moderate to severe, frequent multifocal, left shoulder, right shoulder, right hip, left knee, and low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETRO: NORCO 10/325MG #120, 12/03/13: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES, OPIOIDS FOR CHRONIC PAIN, 80-81

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation MTUS: CHRONIC PAIN MEDICAL TREATMENT GUIDELINES

Decision rationale: 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. In this case, however, the applicant is off of work, on total temporary disability, several years removed from the date of injury. The applicant's complaints of pain are reportedly heightened as opposed to reduce despite ongoing Norco usage. There is no evidence of any improvements in function achieved as a result of ongoing Norco usage. Therefore, the request was not medically necessary.