MAXIMUS Federal Services

Case Number:	CM14-0113797		
Date Assigned:	08/01/2014	Date of Injury:	06/09/2006
Decision Date:	10/16/2014	UR Denial Date:	06/20/2014
Priority:	Standard	Application Received:	07/21/2014

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 shoulder pain reportedly associated with an industrial injury of June 9, 2006.Thus far, the applicant has been treated with analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; muscle relaxants; and extensive periods of time off of work. In a Utilization Review Report dated September 20, 2014, the claims administrator denied a request for Norco and laboratory testing. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated September 9, 2009, it was acknowledged that the applicant was no longer working owing to ongoing complaints of bilateral knee and low back pain. The applicant was using Vicodin, unspecified muscle relaxants, topical lotion, and a cane, it was acknowledged. Permanent work restrictions were imposed. The applicant did have a variety of comorbidities, it was acknowledged, including hypertension, morbid obesity, and obstructive sleep apnea, it was further noted. In a progress note dated June 5, 2014, the applicant apparently presented to obtain a medication renewal. The applicant was using Norco three to four times weekly. The applicant had reportedly ceased Naprosyn owing to gastritis. The applicant was apparently in the process of moving to [redacted]. The applicant was given a prescription of Norco 10/325 #60 with five refills. Renal and hepatic function testing were endorsed. The applicant's work status was not clearly outlined, although it did not appear that the applicant was working.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 10 #60 5 Refills: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic. Page(s): 80.

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 seemingly off of work. The applicant is no longer working with permanent limitations imposed by a medical-legal evaluator, it is noted. The attending provider failed to recount any material improvements in function or any quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.