

Case Number:	CM14-0115572		
Date Assigned:	08/04/2014	Date of Injury:	09/09/2006
Decision Date:	09/11/2014	UR Denial Date:	06/18/2014
Priority:	Standard	Application Received:	07/23/2014

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, hand, neck, and shoulder pain reportedly associated with an industrial injury of September 9, 2006. 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 therapy; unspecified amounts of physical therapy; adjuvant medications; and reported amputation of the distal third and fourth fingertips. In a utilization review report dated June 18, 2014, the claims administrator failed to approve a request for Norco. In a March 4, 2014 progress note, the applicant reported persistent complaints of back, hand, neck, and shoulder pain with increasing numbness about the hands. The applicant's operative diagnoses included neck pain, shoulder pain, amputation of the right third and fourth distal digits, and neuropathic pain about the hand. The applicant was described as filing for Social Security Disability Insurance. The applicant's medication included Neurontin, Savella and Vicodin 5/500, it was suggested in one section of the report. Multiple medications were refilled. In an earlier note dated October 23, 2013, the applicant again received refills of Neurontin, Savella and Vicodin. There was no discussion of medication efficacy. It was stated that the applicant had been denied Social Security Disability Insurance (SSDI).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 refills 3: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines opioids Page(s): 78-80,91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic; Opioids, Ongoing Management topic Page(s): 80; 78.

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 the case, however, the applicant is off of work. The applicant is in the process of filing for Social Security Disability Insurance, it has been stated on several occasions. The attending provider has not outlined any tangible or material improvements in pain or function achieved as a result of ongoing Norco usage. It is further noted that the attending provider apparently issued a prescription for Norco 5/325 while documenting that the applicant was using Vicodin 5/500 in all of his progress notes. It is unclear whether the applicant is in fact receiving concurrent prescriptions for Norco 5/325 and Vicodin 5/500. If so, this would run counter to the principle articulated on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, which suggests that the lowest possible dose of opioids be prescribed to improve pain and function. Therefore, the request for Norco is not medically necessary.