

Case Number:	CM14-0151948		
Date Assigned:	09/22/2014	Date of Injury:	10/25/2012
Decision Date:	11/19/2014	UR Denial Date:	09/03/2014
Priority:	Standard	Application Received:	09/17/2014

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 neck pain reportedly associated with an industrial injury of October 25, 2012. The applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; epidural steroid injection therapy; and extensive periods of time off of work. In a Utilization Review Report dated September 3, 2014, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. In a June 25, 2014 progress note, the applicant reported ongoing complaints of neck pain radiating to the bilateral arms with ancillary complaints of blurred vision about the eyes. The applicant had reportedly failed conservative treatment including physical therapy, manipulative therapy, and acupuncture, it was acknowledged. Epidural steroid injection therapy was performed. Norco was renewed, without any explicit discussion of medication efficacy. The applicant was placed off of work, on total temporary disability. In a May 14, 2014 progress note, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of neck pain. On April 2, 2014, the applicant was given previously given Norco, tramadol, Naprosyn, Flexeril, and Prilosec and was, once again, placed off work, on total temporary disability.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 with 1 refill.: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use Page(s): 76-78.

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 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, despite ongoing usage of Norco. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing opioid usage. All the foregoing, taken together, does not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.