

Case Number:	CM14-0162247		
Date Assigned:	10/07/2014	Date of Injury:	05/19/2010
Decision Date:	11/10/2014	UR Denial Date:	09/18/2014
Priority:	Standard	Application Received:	10/02/2014

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 May 19, 2010. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; and adjuvant medications. In a Utilization Review Report dated September 18, 2014, the claims administrator denied a request for Norco. The applicant's attorney subsequently appealed. In a September 10, 2014 progress note, it was suggested that the applicant had ongoing complaints of shoulder and wrist pain. The applicant was "retired," it was suggested, at age 27. The note was quite sparse. Large portions of the note were handwritten. 4 to 6/10 pain was reported. Norco and Valium were apparently refilled. In an August 4, 2014 progress note, it was again stated that the applicant was off of work and "retired." Pain about the wrist and shoulders was appreciated with activity. It was stated that the applicant's current pain score was 0/10. Medication refills were furnished. In an earlier handwritten note dated May 21, 2014, the applicant was reportedly unchanged. 4/10 shoulder pain was noted versus not wrist pain. The attending provider stated that he would attempt to titrate nortriptyline upward in an effort to diminish the applicant's consumption of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60 times 1 refill: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids 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 includes 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 at age 27. While some of the attending provider's handwritten progress notes did suggest that usage of Norco had diminished the applicant's pain complaints, the bulk of the progress notes referenced above, contained no explicit discussion of medication efficacy. The attending provider, furthermore, has failed to outline any material improvements in function achieved as a result of ongoing opioid usage. All of foregoing, taken together, does not make for a compelling case for continuation of the same. Therefore, the request was not medically necessary.