

Case Number:	CM14-0169972		
Date Assigned:	10/20/2014	Date of Injury:	08/09/2010
Decision Date:	11/26/2014	UR Denial Date:	09/19/2014
Priority:	Standard	Application Received:	10/15/2014

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 has filed a claim for chronic neck pain, shoulder pain, low back pain, and posttraumatic headaches reportedly associated with an industrial injury of August 10, 2010. In a Utilization Review Report dated September 19, 2014, the claims administrator approved a re-evaluation/follow-up office visit, denied a neurologist evaluation, and denied a request for Norco. The claims administrator invoked non-MTUS ODG Guidelines to deny the neurology evaluation. The applicant's attorney subsequently appealed. In a June 3, 2014 office visit, the applicant reported ongoing complaints of neck pain, low back pain, bilateral shoulder pain, and headaches. The applicant was given prescriptions for Norco, topical compounded medications, and trigger point injection in the clinic setting. Permanent work restrictions were renewed. It was not clearly stated whether the applicant was working or not. In an August 19, 2014 progress note, the applicant was given a refill of Norco. It was stated that the applicant was deriving appropriate pain relief with ongoing usage of Norco. The applicant did continue to complain of headaches. A neurologist evaluation to further evaluate the applicant's allegations of headaches was sought. Norco was refilled. It was suggested (but not clearly stated) 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:

A referral to a neurologist for evaluation and treatment of headaches: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 8 Neck and Upper Back Complaints Page(s): 177. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Neck and Upper Back (Acute & Chronic)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 5 Cornerstones of Disability Prevention and Management Page(s): 92.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines in Chapter 5, page 92, referral may be appropriate when a practitioner is uncomfortable with treating a particular cause of delayed recovery. In this case, the requesting provider, an orthopedist, may be uncomfortable addressing the applicant's complaints of headaches. Obtaining the added expertise of a physician better-equipped to address complaints of headaches, such as a neurologist, is therefore indicated. Accordingly, the request is medically necessary.

Norco 5/325mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Norco, When to Continue Opioids.

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 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 attending provider has not clearly outlined the applicant's work status from visit to visit. The attending provider has not clearly stated whether the applicant was or was not working on or around the date Norco was renewed. The attending provider failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage (if any). Therefore, the request is not medically necessary.