

Case Number:	CM14-0184126		
Date Assigned:	11/12/2014	Date of Injury:	09/23/2003
Decision Date:	12/18/2014	UR Denial Date:	10/30/2014
Priority:	Standard	Application Received:	11/05/2014

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 pain syndrome, chronic neck pain, major depressive disorder, and carpal tunnel syndrome reportedly associated with an industrial injury of September 23, 2003. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; adjuvant medications; psychotropic medications; earlier cervical spine surgery; and extensive periods of time off of work. In a Utilization Review Report dated October 30, 2014, the claims administrator approved one request for Norco, denied a second request for Norco, and approved a request for Cymbalta. The applicant's attorney subsequently appealed. In a November 12, 2014 progress note, the applicant reported ongoing complaints of neck pain status post three prior cervical epidural steroid injections, status post multiple trigger point injections, status post multiple occipital nerve blocks, and status post multiple cervical radiofrequency ablation procedures, without significant relief. The most recent epidural steroid injection had apparently generated only temporary relief. The applicant reported an average pain score of 5/10. The applicant stated that Norco was able to diminish her pain complaints but that it did not address her pain adequately. The applicant stated that she was able to briefly perform household chores following a recent medial branch block. The applicant had tried and failed a variety of other medication treatments over the course of the claim, it was acknowledged. The applicant's complete medication list, as of this point in time, reportedly included baclofen, Cymbalta, Desyrel, Synthroid, Lexapro, Zestril, Toprol, Lipitor, Prilosec, and Norco. The applicant was no longer working and had been deemed "disabled, it was noted. The applicant was also a medical marijuana user, and was smoking cigarettes, it was noted. The attending provider stated in the social activities section of the report that the applicant was "able to maintain activities of daily

living" with medications but did not elaborate or expound upon the same. Norco, baclofen, and Cymbalta were renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Prospective request for 1 prescription of Norco 10/325mg #60.: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Discontinue Opioids topic, When to Continue Opioids topic Page(s): 79,80.

Decision rationale: As noted on page 79 of the MTUS Chronic Pain Medical Treatment Guidelines, immediate discontinuation of opioids is suggested if there is evidence of illegal activity, including usage of illicit drugs. Here, the applicant is, in fact using marijuana, an illicit substance. It is further noted that the applicant seemingly failed to meet criteria set forth on page 80 of the MTUS Chronic Pain Medical Treatment Guidelines for continuation of opioid therapy. Specifically, the applicant has failed to return to work. The applicant is receiving both Workers' Compensation indemnity benefits and Disability Insurance benefits, the attending provider has acknowledged. While the attending provider did report some reduction in pain scores achieved as a result of ongoing Norco usage, these, are however, outweighed by the applicant's concurrent usage of marijuana, the applicant's failure to return to work, and the attending provider's failure to elaborate or expound upon any meaningful improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.