

Case Number:	CM14-0184870		
Date Assigned:	11/12/2014	Date of Injury:	06/19/2009
Decision Date:	12/31/2014	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/06/2014

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, neck, wrist, and shoulder pain reportedly associated with an industrial injury of June 19, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier shoulder surgery; earlier carpal tunnel release surgery; topical agents; and epidural steroid injection therapy. In a Utilization Review Report dated October 27, 2014, the claims administrator partially approved/conditionally approved a request for Norco. The claims administrator stated rationale was sparse, but suggested that the attending provider failed to document benefit with ongoing Norco usage. Some incongruously, the claims administrator suggested that the applicant was working in another section of its report. In an April 25, 2011 medical-legal evaluation, it was suggested that the applicant had found a new job starting May 3, 2011. It was stated that the applicant did have a gap in work owing to the fact that the facility where she previously worked had shut down. In a February 22, 2012 follow-up medical-legal evaluation, it was suggested that the applicant was not working and that her most recent job had lasted total of one month. On April 1, 2014, the applicant reported ongoing complaints of neck pain, wrist pain, and paresthesias. It was suggested that the applicant was working as a cook. Norco, Lidoderm, and Voltaren were refilled. A rather proscriptive 10-pound lifting limitation was endorsed. There was no explicit discussion of medication efficacy on this occasion. In an April 29, 2014 progress note, the applicant reported ongoing complaints of neck, wrist and thumb pain with paresthesias. The applicant was asked to continue Norco, Voltaren gel, and Lidoderm patches. The applicant was asked to obtain wrist support. A 10 pound lifting limitation was endorsed. There was no explicit discussion of medication efficacy on this occasion, either. In an April 12, 2013 follow-up medical-legal evaluation, it was suggested that the applicant had developed progressively

worsening issues with carpal tunnel syndrome. The applicant was able to drive, write, and employ computers. The applicant was able to stand 8 hours a day at work. It was suggested that the applicant was working as a cook on this occasion and had reportedly done so since November 2012. On October 14, 2014, the applicant reported ongoing complaints of neck, shoulder, and wrist pain. Norco, Neurontin, Lidoderm, Gabapentin were endorsed. Work restrictions were again endorsed. There was no explicit discussion of medication efficacy on this occasion. On August 19, 2014, it was stated the applicant was working 40 hours a week as a cook. In an applicant questionnaire dated October 24, 2014, the applicant stated that she was abiding by her pain contract. The applicant stated that her pain complaints were generating some minor interference in terms of performance of activities of daily living on a scale of 3/10. In an applicant questionnaire dated September 26, 2014, the applicant stated that her pain score with medications was 6/10 versus 8/10 without medications. The applicant was smoking, she acknowledged.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg Quantity: 120: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids-pain treatment agreement Page(s): 89.

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 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. Here, the applicant has returned to and/or maintained successful return to work status as a cook, albeit as a new employer. The applicant is reporting an appropriate reduction in pain scores on her activities of daily living questionnaire with medication consumption. Both the applicant and medical-legal evaluator have stated that the applicant's ability to perform some activities of daily living has been ameliorated with medication consumption. The applicant is apparently able to drive herself to and from work, is able to lift pots and pans at work, and is able to do household chores and is able to stand 8 hours a day at work, the applicant's medical-legal evaluator reported on August 12, 2013. On balance, then, it does appear that the applicant is deriving appropriate benefit from ongoing Norco usage. Continuing the same was indicated. Therefore, the request for Norco is not medically necessary.