

Case Number:	CM14-0022149		
Date Assigned:	05/09/2014	Date of Injury:	10/11/2007
Decision Date:	07/10/2014	UR Denial Date:	02/10/2014
Priority:	Standard	Application Received:	02/21/2014

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, shoulder, knee, and rib pain reportedly associated with an industrial injury of October 11, 2007. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; earlier knee surgery; earlier shoulder surgery; earlier cervical fusion surgery, and unspecified amounts of extracorporeal shockwave therapy. In a utilization review report dated February 10, 2014, the claims administrator denied a request for Norco, stating that there was no evidence that the applicant had improved through earlier usage of the same. In a March 18, 2014 progress report, the applicant was described as permanent and stationary. The applicant was apparently given a variety of impairment ratings, including 52% for the cervical spine, 27% for the shoulder, 4% for the knee, and 15% for gait disorder. In a September 23, 2013 progress note, the applicant was described as reporting persistent neck pain radiating to the left arm. The applicant was using Norco, Soma, and meclizine at that point in time, it was suggested. The applicant was described as permanently disabled from any meaningful work. There was no discussion on medication efficacy on that date. The applicant was described using Norco, Soma, and Lyrica on March 13, 2013 progress note. The applicant was again described as "totally disabled." There was no discussion of medication efficacy at this point. On May 13, 2013, the applicant was described as reporting worsening neck pain with ongoing left upper extremity weakness. The applicant was having issues with depression, it was stated. On August 2013, the attending provider again placed the applicant off of 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 10/325 #180MG: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines OPIOIDS Page(s): 80.

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 ongoing opioid usage. In this case, however, the applicant is off of work. There is no evidence of any concrete reductions in pain or improvements in function achieved as a result of ongoing opioid therapy. Therefore, the request is not medically necessary.