

Case Number:	CM14-0023059		
Date Assigned:	05/14/2014	Date of Injury:	02/19/2009
Decision Date:	07/09/2014	UR Denial Date:	02/12/2014
Priority:	Standard	Application Received:	02/24/2014

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 and elbow pain reportedly associated with an industrial injury of February 19, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; shoulder surgery in 2009; elbow surgery in 2010; opioid therapy; and adjuvant medications. In a Utilization Review Report dated February 12, 2014, the claims administrator, somewhat incongruously, approved a request for Neurontin while denying a request for Norco. The claims administrator stated that the applicant was benefitting from Neurontin usage but was not benefitting from Norco usage. The applicant's attorney subsequently appealed. A progress note dated February 6, 2014, was notable for comments that the applicant reported persistent shoulder and upper extremity pain. The applicant was apparently not a native English speaker. The applicant's pain levels were 9/10 and worsened since his last appointment. The applicant had burning pain. The applicant stated that his pain was better with medications. The applicant exhibits 4 to 5-/5 left upper extremity strength with decreased range of motion about the shoulder. Neurontin, Norco, and Terocin ointment were endorsed. It was stated that the applicant did have decreased shoulder range of motion and strength. The attending provider stated that ongoing usage of opioid was resulting in the applicant's increased performance of activities of daily living. However, the attending provider did not expound upon which activity of daily living has specifically been ameliorated with ongoing Norco usage. On October 9, 2013, the attending provider again noted that the applicant had chronic shoulder issues. The applicant was using Norco at that point in time. It was stated that the applicant's shoulder strength had not changed appreciably since 2010. The applicant's work status was again not provided. In an earlier note of August 6, 2013, the applicant was described as "disabled." The applicant's pain

levels were 8-9/10 without medications and 6-7/10 with medications. Norco and Neurontin were endorsed on this occasion.

IMR ISSUES, DECISIONS AND RATIONALES

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

RETROSPECTIVE REQUEST (DOS: 2/6/14) FOR NORCO 10/325MG #60: Upheld

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

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

Decision rationale: Norco is a short-acting opioid. As noted on 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 function, and/or reduced pain achieved as a result of the same. In this case, however, the applicant is off of work. The applicant has reportedly been deemed disabled. The applicant's reduction in pain scores from 8-9/10 without medications to 6-7/10 with medications appears to be minimal to marginal and is outweighed by the applicant's reported difficulty performing even basic activities of daily living such as reaching overhead. The attending provider has not enumerated or elaborated upon which activities of daily living has specifically been ameliorated with ongoing opioid therapy. Therefore, on balance, continuing Norco was not indicated. Therefore, the request was not medically necessary.