

Case Number:	CM14-0031719		
Date Assigned:	06/20/2014	Date of Injury:	11/21/2003
Decision Date:	07/21/2014	UR Denial Date:	02/24/2014
Priority:	Standard	Application Received:	03/12/2014

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 claimant is represented [REDACTED] employee, who has filed a claim for myofascial pain syndrome, low back pain, shoulder pain, wrist pain and knee pain reportedly associated with an industrial injury of November 21, 2003. Thus far, the claimant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. A September 9, 2013, progress note is notable for comments that the claimant had persistent complaints of pain, chronic, about the low back and neck. The claimant was asked to remain off of work and employ Norco for pain relief and to also stop Soma. In a later note dated February 17, 2014, the claimant was again asked to remain off of work "per award." Norco, urine toxicology screen and Celebrex were endorsed. There was no discussion of medications efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg # 30: Upheld

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

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

Decision rationale: 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. In this case, the applicant is off of work. The documentation on file does not entertain any discussion of medications efficacy. There is no evidence of any reduction in pain or improvement in function achieved as a result of ongoing Norco usage. Therefore, the request for Norco 10/325 mg # 30 is not medically necessary and appropriate.