

Case Number:	CM14-0044449		
Date Assigned:	07/02/2014	Date of Injury:	05/22/2003
Decision Date:	09/19/2014	UR Denial Date:	04/02/2014
Priority:	Standard	Application Received:	04/10/2014

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 injured worker is a represented [REDACTED] employee who has a filed a claim for chronic neck pain, shoulder pain, major depressive disorder, and insomnia reportedly associated with an industrial injury of May 22, 2003. Thus far, the injured worker has been treated with the following: Analgesic medications; attorney representation; unspecified amounts of physical therapy; opioid therapy; and Botox injection therapy. In a utilization review report dated April 2, 2014, the claims administrator partially certified a request for Norco, for weaning purposes. The injured worker's attorney subsequently appealed. In a progress note dated May 1, 2012, the injured worker was described as having persistent complaints of neck pain, upper back pain, and migraine headaches. The injured worker received Botox injections for the same. The injured worker was depressed, but denied any active suicidal intentions or plans. The injured worker was described as using Norco, Flexeril, and Relpax, it was suggested at that point in time. In a March 13, 2014 progress note, the injured worker presented with persistent complaints of neck pain, traumatic brain injury, depression, insomnia, and migraines. The injured worker was asked to employ acupuncture, continue psychotherapy, and continue Norco, Flexeril, and Relpax. The injured worker stated that his neck and shoulder would lock up from time to time. The injured worker stated that the absence of the medications decreased daily function. Pain was rated at 6 to 7/10 with medications. The injured worker exhibited limited range of motion about the neck and left shoulder. The injured worker's work status was not furnished, although it did not appear that the injured worker was working. In a March 11, 2014 psychiatry note, the injured worker reported persistent complaints of pain. The injured worker had issues with anxiety and mood alternation, it was stated. The injured worker also had superimposed issues with asthma and COPD, it was further noted. The injured worker's psychiatrist stated that the injured worker would develop panic attacks and frustration when his medications were interrupted. The injured

worker was using Relpax, Abilify, Cymbalta, Seroquel, Restoril, and Valium, it was stated. The injured worker was a little bit agitated and frustrated, it was suggested.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg # 90 with 2 refills: Upheld

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

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

Decision rationale: As noted in the MTUS Chronic Pain Medical Treatment Guidelines, the cardinal criteria for continuation of opioid therapy includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. In this case, the injured worker is seemingly off of work. While the attending provider has outlined some decrements in pain achieved as a result of ongoing Norco, the attending provider has not recounted any specific, tangible or measurable improvements in function achieved as a result of ongoing opioid therapy with Norco. Therefore, the request is not medically necessary.