

Case Number:	CM14-0044694		
Date Assigned:	07/02/2014	Date of Injury:	10/27/2000
Decision Date:	08/15/2014	UR Denial Date:	03/26/2014
Priority:	Standard	Application Received:	04/11/2014

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 represented [REDACTED] employee, who has filed a claim for chronic neck pain reportedly associated with an industrial injury of October 27, 2000. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; and opioid therapy. In a Utilization Review Report dated March 26, 2014, the claims administrator partially certified a request for Norco 7.5/325 #120 with three refills of Norco 7.5/325 #90 with no refills. The claims administrator's rationale is quite difficult to follow. The claim's administrator stated that the applicant was using Norco without any benefit, and that the applicant should therefore wean off of same in one section of the report, while other sections of the report stated that the applicant was reportedly using Norco as benefit. A March 19, 2013, progress note was notable for comments that the applicant reported persistent complaints of shoulder and neck secondary to myofascial pain. Trigger point injections were performed. Flexeril, Lidoderm, Motrin and Vicodin were endorsed. The applicant was reportedly permanent and stationary. It is not stated whether the applicant was working or not. On July 2, 2013, the applicant was again described as using Flexeril, Motrin, Vicodin and Lidoderm. The applicant was permanent and stationary and again received trigger point injections on this occasion. On March 19, 2014, the applicant was described as having 9/10 pain radiating to bilateral upper extremities. The applicant was reportedly worse. The applicant was apparently status post right shoulder surgery, it was further noted. Repeat trigger point injections were performed while the applicant was again given refills of Flexeril, Norco, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325mg #120 with 3 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 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. In this case, the applicant's work status has not been clearly outlined. It does not appear that the applicant is working with permanent limitations in place. There is no clear evidence of tangible decrements in pain and/or concrete improvements in function achieved as a result of ongoing Norco usage. If anything, the fact that the applicant continues to report heightened complaints of pain, in the 9/10 range, and continues to receive trigger point injections on multiple office visits, taken together, implies that ongoing usage of Norco has not been entirely successful. Therefore, the request for Norco is not medically necessary.