

Case Number:	CM14-0072033		
Date Assigned:	07/16/2014	Date of Injury:	11/26/2011
Decision Date:	09/22/2014	UR Denial Date:	05/15/2014
Priority:	Standard	Application Received:	05/19/2014

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, neck, and low back pain reportedly associated with an industrial injury of November 26, 2011. Thus far, the applicant has been treated with analgesic medications; attorney representation; transfer of care to and from various providers in various specialties; earlier shoulder surgery on November 15, 2013; and anxiolytic medications. In a utilization review report dated May 14, 2014, the claims administrator failed to approve request for Norco, an opioid agent. On November 1, 2013, the applicant obtained a preoperative evaluation prior to pursuit of shoulder surgery. On May 2, 2014, Norco, Protonix, and Flexeril were sought via request for authorization form. In a progress note of the same day, May 2, 2014, the applicant reported 6-8/10 low back, shoulder, neck, and knee pain. The applicant was on Viibryd, Norco, Protonix, Restoril, Zestril, Neurontin, and Zoloft, it was stated. A cervical MRI was sought. It was stated that the applicant was considering further shoulder surgery. The applicant was placed off of work, on total temporary disability. Multiple medications were renewed, with no explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, QTY: 90: 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 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, however, the applicant is off of work, on total temporary disability. The applicant continues to report pain complaints as high as 6-8/10, despite ongoing Norco usage. The attending provider failed to outline any tangible or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.