

Case Number:	CM14-0075751		
Date Assigned:	07/16/2014	Date of Injury:	09/13/2006
Decision Date:	09/15/2014	UR Denial Date:	05/03/2014
Priority:	Standard	Application Received:	05/23/2014

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 pain reportedly associated with an industrial injury of September 13, 2006. Thus far, the applicant has been treated with the following: Analgesic medications; attorney representation; opioid therapy; unspecified amounts of chiropractic manipulative therapy; and the apparent imposition of permanent work restrictions. In a Utilization Review Report dated May 3, 2014, the claims administrator denied a request for Norco. The applicant's attorney subsequently appealed. In an April 29, 2014 progress note, the applicant reported persistent complaints of low back pain. The attending provider stated that medications were providing appropriate analgesia. The attending provider stated that these medications were improving unspecified activities of daily living. A 40-pound lifting limitation was endorsed. It was not clearly stated whether or not the applicant was working with said limitations in place. Both Naprosyn and Norco were furnished. In an earlier note dated March 12, 2014, the applicant presented reporting 7-8/10 low back pain. Naprosyn, Protonix, and Vicodin were endorsed, on this occasion, along with permanent work restrictions. Again, it was not stated whether or not the applicant was working, nor did the attending provider state what activities of daily living were specifically ameliorated with ongoing opioid therapy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco, 2.5/325 mg, #120: 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: 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 reduced pain achieved as a result of the same. In this case, the applicant has reported pain complaints as high as 7-8/10, despite ongoing opioid therapy. The applicant does not appear to be working with permanent limitations in place. The attending provider has not elaborated or expounded upon what (if any) activities of daily living have specifically been ameliorated with ongoing Norco usage. Therefore, the request is not medically necessary.