

Case Number:	CM14-0084438		
Date Assigned:	07/21/2014	Date of Injury:	04/23/2012
Decision Date:	09/26/2014	UR Denial Date:	05/06/2014
Priority:	Standard	Application Received:	06/05/2014

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 who has filed a claim for chronic low back, neck, and shoulder pain reportedly associated with an industrial injury of April 23, 2012. 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; opioid therapy; and unspecified amounts of physical therapy over the life of the claim. While the claims administrator failed to approve request for Norco while the claims administrator described the request as 'Norco tablets' in one section of its note, a second section of note did describe the request as 'Norco 2.5 mg #60. The applicant's attorney subsequently appealed. On February 27, 2014, the applicant reported persistent complaints of neck, shoulder, midback, and low back pain. Physical therapy was endorsed. The applicant was given prescriptions of Norco and Protonix. The applicant was given a rather proscriptive 10 pound lifting limitation. There was no explicit discussion of medication efficacy on this date. On January 20, 2014, the applicant again presented with multifocal neck, midback, low back, and shoulder pain. A rather proscriptive 10-pound lifting limitation was endorsed, along with ultrasound therapy, electrical stimulation therapy, infrared therapy, and massage therapy. It did not appear that the applicant was working with limitations in place. On March 31, 2014, the applicant again presented with multifocal pain complaints, stating that the left shoulder remained the most problematic area. The applicant was again given refills of Protonix, Norco, and ketoprofen, again with no explicit discussion of medication efficacy. A rather proscriptive 10-pound lifting limitation and 12 sessions of physical therapy were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco (Unspecified Dosage): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 68-69,91,67-68,98-99.

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 does not appear to be working with a rather proscriptive 10-pound lifting limitation in place. The attending provider's progress notes failed to incorporate any discussion of medication efficacy and did not establish the presence of any tangible or material increments in function or decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.