

Case Number:	CM14-0107667		
Date Assigned:	08/01/2014	Date of Injury:	02/08/2002
Decision Date:	07/02/2015	UR Denial Date:	07/05/2014
Priority:	Standard	Application Received:	07/11/2014

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. 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/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Texas, New York, California
 Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

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 57-year-old who has filed a claim for chronic hand and finger pain reportedly associated with an industrial injury of February 8, 2002. In a Utilization Review report dated July 5, 2014, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. The claims administrator referenced a June 27, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On January 20, 2014, the applicant was given refills of Norco, Celebrex, and Flector. Laboratory testing was sought. The applicant reported constant, severe left shoulder pain, despite ongoing medication usage. The applicant's work status was not detailed, although it did appear that the applicant was working. No discussion of medication efficacy transpired. On November 7, 2014, the applicant reported severe, constant burning hand and shoulder pain, 9/10. The applicant was having difficulty doing household chores. The applicant was not working; it was reported, owing to various chronic pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

One prescription for Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids; Hydrocodone/Acetaminophen Norco and Weaning of Medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for Norco, a short-acting opioid, was not medically necessary, medically appropriate, or indicated here. 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. Here, however, the applicant was off of work, it was acknowledged on a progress note dated November 7, 2014. The applicant reported 9/10 pain complaints on that date. The applicant was having difficulty performing lifting task, treatment provider suggested. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.