

Case Number:	CM14-0193392		
Date Assigned:	12/01/2014	Date of Injury:	05/01/2012
Decision Date:	01/16/2015	UR Denial Date:	10/16/2014
Priority:	Standard	Application Received:	11/18/2014

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 wrist, shoulder, neck, mid back, and low back pain reportedly associated with an industrial injury of May 1, 2012. In a Utilization Review Report dated October 16, 2014, the claims administrator failed to approve a request for Norco. The claims administrator stated that its decision was based on an October 7, 2014, RFA form and an associated October 1, 2014 progress note. The claims administrator alluded to the applicant's having undergone earlier right shoulder surgery on February 12, 2014. The applicant had had extensive physical therapy and acupuncture, it was suggested. In a progress note dated April 14, 2014, the applicant reported ongoing complaints of neck and shoulder pain. The applicant was not working, and last worked in May 2012, it was acknowledged. A 9/10 pain without medications versus 4/10 pain with medications was appreciated. The applicant was using tramadol, Percocet, Prilosec and Motrin, it was noted. The applicant stated that his medications were improving his ability to function. This was not elaborated or expounded upon, however. On July 23, 2014, the applicant reported severe low back pain. The applicant was taking Norco thrice daily and was trying to get into some sort of pain management program. The attending provider appealed previously denied chiropractic manipulative therapy. A rather proscriptive 10- to 15-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place. In an October 1, 2014 progress note, the applicant reported ongoing complaints of neck pain, more constant than before. The applicant was reporting muscle spasms and was dropping cups and other articles. The applicant was having difficulty with activities of daily living, it was suggested. The applicant was given refills of Norco, Naprosyn and Prilosec. Eight sessions of acupuncture were sought. The attending provider also sought authorization for an ulnar nerve decompression surgery and/or carpal tunnel release surgery. A rather proscriptive 5-pound lifting limitation was

endorsed, effectively resulting in the applicant's removal from the workplace. On September 10, 2014, the applicant was again described as having worsening complaints of neck pain. The applicant was dropping articles. The applicant had been given a prescription for Percocet by his personal physician, it was further noted. The attending provider nevertheless gave the applicant a renewal of 90 tablet of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 22, 68, 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Opioids, Ongoing Management topic Page(s): 80, 78.

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. Here, however, the applicant is off of work. The applicant has not worked since 2012, it has been acknowledged. The applicant reported heightened pain complaints on September 23, 2014. The attending provider did not outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage on that date, but rather, suggested that the applicant obtain some sort of chronic pain program. On progress notes of September 3, 2014 and October 1, 2014, it was noted that the applicant's pain complaints were heightened and that the applicant was having difficulty performing activities of daily living such as gripping, grasping, and lifting, despite ongoing Norco usage. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines, further stipulates that an applicant should obtain opioid prescriptions from a "single practitioner." Here, however, the applicant is/was apparently receiving Norco from his Workers' Compensation treating physician and concurrently receiving Percocet from his personal physician. All of the foregoing, taken together, does not make a compelling case for continuation of Norco. Therefore, the request is not medically necessary.