

Case Number:	CM14-0194659		
Date Assigned:	12/02/2014	Date of Injury:	05/06/2010
Decision Date:	02/28/2015	UR Denial Date:	10/27/2014
Priority:	Standard	Application Received:	11/20/2014

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, Ohio, 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 [REDACTED] beneficiary who has filed a claim for chronic low back pain, hand pain, and wrist pain reportedly associated with an industrial injury of May 6, 2010. In a Utilization Review Report dated October 20, 2014, the claims administrator partially approved a request reportedly for weaning purposes. The claims administrator referenced an October 30, 2014 progress note in its determination. The applicant's attorney subsequently appealed. On April 20, 2014, the applicant reported 5-6/10 wrist pain with medications versus 10/10 pain without medications. The applicant was using Norco, Voltaren, and Flexeril, it was acknowledged, along with Protonix and Zyrtec. It was suggested that the applicant was working regular duty as of this point in time. In an October 30, 2014 progress note, the applicant highly variable pain ranging from 3/10 with medications to 6-9/10 without medications. The applicant did report some pain with gripping and grasping. The attending provider again noted that the applicant was working regular duty, reportedly affected as a result of ongoing medication consumption. The applicant was given wrist brace and Norco for pain relief. At the bottom of the report, the attending provider stated that the applicant was placed off of work, on "no activity." In another section of the note, the attending provider stated that the applicant was dropping articles frequently, was having tingling and weakness, and was having difficulty gripping and grasping chores. Similarly, in a September 12, 2014 progress note, the attending provider stated that the applicant was having issues with gripping, grasping, lifting, carrying, pushing, and pulling. In one section of the note, the attending provider stated that the applicant was working regular duty while the attending provider went on to place the applicant off of

work, on total temporary disability, at the bottom of the report, writing "no activities." Norco was renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325 mg 1 PO Q 4 hrs PRN pain #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 3 Initial Approaches to Treatment Page(s): 47-49, Chronic Pain Treatment Guidelines Page(s): 78-82.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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, the applicant was/is off of work, the bulk of the evidence suggests. The applicant is having difficulty performing activities of daily living as basic as gripping, grasping, lifting, carrying, pushing, pulling, etc., the attending provider has reported on several progress notes referenced above, throughout late 2014. All of the foregoing, taken together, does not make a compelling case for continuation of Norco and, furthermore, outweigh the attending provider's reports of analgesia achieved as a result of the same. Therefore, the request was not medically necessary.