

Case Number:	CM14-0196564		
Date Assigned:	12/04/2014	Date of Injury:	06/26/2010
Decision Date:	01/28/2015	UR Denial Date:	11/01/2014
Priority:	Standard	Application Received:	11/24/2014

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 neck, back, and shoulder pain reportedly associated with an industrial injury of June 20, 2010. In a Utilization Review Report dated November 1, 2014, the claims administrator failed to approve request for Norco. The claims administrator suggested that its decision was based on an RFA form and progress note of October 24, 2014. The applicant's attorney subsequently appealed. In a handwritten note dated May 9, 2014, the applicant was placed off of work, on total temporary disability, owing to ongoing, multifocal complaints of low back, neck, and shoulder pain, 6-7/10. Radiation of pain to the bilateral lower extremities was evident. Subacromial decompression procedure was sought while the applicant was kept off of work. In a questionnaire dated June 6, 2014, the applicant stated that pain killers gave him "very little relief" from pain. The applicant stated that his pain complaints were impacting his ability to lift articles, impacting his ability to walk, impacting his ability to sit, impacting his ability to stand, and impacting his social life. The applicant stated that his pain was not getting better or worse. On June 6, 2014, the applicant was again placed off of work, on total temporary disability. Persistent complaints of neck, low back, and shoulder pain, 6/10, were reported. The applicant underwent a right shoulder arthroscopy, partial synovectomy, labral debridement, and subacromial decompression surgery on June 28, 2014. In a handwritten note dated July 12, 2014, the applicant was again placed off of work, on total temporary disability, owing to ongoing complaints of shoulder, neck, and low back pain, 6/10. In an applicant questionnaire dated July 7, 2014, the applicant seemingly stated that pain killers were giving him moderate relief. On an August 1, 2014 progress note, the applicant reported constant 6/10 low back, neck, and shoulder pain. The applicant was again placed off of work, on total temporary disability, while Norco was refilled. In a handwritten progress note dated September 26, 2014, the applicant reported ongoing complaints of 6/10 low

back pain radiating into the legs. The applicant was placed off of work, on total temporary disability on this occasion, while Norco was refilled.

IMR ISSUES, DECISIONS AND RATIONALES

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

(1) Prescription of Norco 10/325mg #60: 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 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. Here, however, the applicant was/is off of work, on total temporary disability, despite ongoing Norco usage. On at least on applicant questionnaire, referenced above, the applicant stated that ongoing medication consumption had failed to generate any analgesia. The applicant's continued reports of difficulty socializing, walking, standing, and lifting owing to chronic pain concerns likewise suggest that ongoing usage of Norco has not, in fact, proven beneficial here. Therefore, the request is not medically necessary.