

Case Number:	CM14-0198600		
Date Assigned:	12/08/2014	Date of Injury:	12/26/2013
Decision Date:	01/27/2015	UR Denial Date:	11/05/2014
Priority:	Standard	Application Received:	11/25/2014

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 shoulder pain reportedly associated with an industrial injury of December 26, 2013. In a Utilization Review Report dated November 5, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced an August 25, 2014 progress note and an RFA form of the same date in its denial. The claims administrator cited illegible documentation on part of the attending provider as a principal basis of the denial. The applicant's attorney subsequently appealed. In a July 8, 2013 progress note, the applicant was given refills of Prilosec, Flexeril, Neurontin, Mobic, tizanidine, Zoloft, Cymbalta, and Lyrica. The applicant exhibited diagnoses of chronic pain syndrome and reflex sympathetic dystrophy. 4/10 pain was reported. Multiple trigger point injections were performed on August 6, 2013. Epidural steroid injection therapy, trigger point injections, axillary blocks, and Neurontin were endorsed on September 16, 2013. The applicant's work status was not furnished. In an August 1, 2014 RFA form, C3 through C5 cervical radiofrequency ablation procedure was sought. In a historical progress note dated February 6, 2012, the applicant was described as "disabled." In a Qualified Medical Evaluation (QME) dated April 9, 2012, it was noted that the applicant had been laid off by her former employer and did not work since April 11, 2011. The applicant was given a primary diagnosis of reflex sympathetic dystrophy. In a follow-up medical-legal evaluation of February 14, 2013, it was stated that the applicant was unable to return to work. On July 28, 2014, the applicant was given refills of Medrox, Naprosyn, Prilosec, tramadol, and Zofran. The remainder of the file was surveyed on several occasions. It did not appear that the August 22, 2014 progress note was incorporated into the Independent Medical Review packet. On August 6, 2013, the applicant reported 6/10 pain and continued difficulty to perform activities of daily living as basic as cooking, writing, and typing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 2.5 - 325mg every 6 hours as needed quantity: 120: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use, On-Going Management, Weaning of Medicat.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Ongoing Management topic; When to Continue Opioids topic Page(s): 78; 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 is off of work. The applicant is receiving both Workers Compensation indemnity benefits and disability insurance benefits, it was acknowledged on several historical progress notes, referenced above. The applicant continues to report ongoing complaints of upper extremity pain reportedly attributed to reflex sympathetic dystrophy. The applicant has apparently had difficulty performing activities of daily living as basic as cooking, writing, and typing, despite ongoing usage of Norco. Page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that an applicant obtain prescriptions from a single practitioner and, furthermore, that an applicant employ lowest possible dose of opioids needed to improve pain and function. Here, however, it appears that the applicant is in fact receiving prescriptions from multiple providers, one of whom furnished the applicant with a second short-acting opioid agent, Ultracet, via a prescription form dated July 28, 2014. No compelling rationale for provision of two separate short-acting opioids was furnished here, although it is acknowledged that the August 26, 2014 progress note and RFA form on which the article in question was sought were seemingly not incorporated into the Independent Medical Review packet. The information which is on file, however, failed to support or substantiate the request. Therefore, the request is not medically necessary.