

Case Number:	CM14-0205224		
Date Assigned:	12/17/2014	Date of Injury:	04/12/2002
Decision Date:	02/12/2015	UR Denial Date:	11/11/2014
Priority:	Standard	Application Received:	12/08/2014

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, shoulder, and wrist pain reportedly associated with an industrial injury of April 12, 2002. In a Utilization Review Report dated November 11, 2014, the claims administrator denied a request for Norco. The claims administrator referenced progress notes interspersed throughout 2012 and 2013 in its rationale and stated, at the bottom of the report, that it had also reviewed a November 12, 2014 progress note and associated RFA form. The applicant's attorney subsequently appealed. On January 6, 2015, the attending provider sought authorization for Norco, Cymbalta, and a urine drug screen. On December 8, 2014, the applicant reported persistent complaints of neck pain, shoulder pain, elbow pain, and wrist pain with associated numbness, tingling, and paresthesias. The applicant was using Cymbalta, Norco, naproxen, Soma, and Zantac. 7/10 pain was reported. The applicant stated that she was able to prepare meals and do other light housework with her medications. The applicant stated that she would be sedentary without her medications. Norco, Soma, naproxen, Zantac, Cymbalta, and urine drug screen were all endorsed. Permanent work restrictions were renewed. The applicant did not appear to be working with said limitations in place. On November 12, 2014, the applicant reported highly variable 5-9/10 multifocal wrist, shoulder, and neck pain. The applicant posited that the combination of Vicodin, Soma, and naproxen was beneficial and improving her ability to prepare meals. The applicant stated that she would be dependent on others and sedentary/bedridden without her medications. Permanent work restrictions were renewed. The attending provider stated in one section of the note that the applicant was using Norco 5/325 and Vicodin 5/300 in another section of the note. On December 8, 2014, it was incidentally noted, the attending provider made allusions to the applicant's using Norco 5/325 in the body of the report.

An RFA form of November 12, 2014, however, suggested that the attending provider was seeking authorization for Norco 10/325.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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; Opioids, Ongoing Management 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. In this case, the injured worker is off of work and permanent work restrictions remain in place from visit to visit. The injured worker continued to report pain complaints as high as 7/10, despite ongoing opioid therapy. The injured worker's comments to the effect that she would be sedentary and/or bedridden without her medications and/or unable to prepare her own meals does not, in and of itself, evidence of substantive improvement achieved as a result of the same. It is further noted that page 78 of the MTUS Chronic Pain Medical Treatment Guidelines stipulates that the lowest possible dose of opioids should be employed to improve pain and function. The attending provider had seemingly suggested on various points on the November 12, 2014 progress note and RFA form that the injured worker was using Vicodin 5/300, Norco 5/325, and/or Norco 10/325. Based on the records reviewed, the injured worker's medication list runs counter to the philosophy espoused on page 78 of the MTUS Chronic Pain Medical Treatment Guidelines to employ the lowest possible dose of opioids to improve pain and function. In addition, the records suggested that the injured worker was concurrently using 3 different hydrocodone-containing products. Therefore, this request is not medically necessary.