

Case Number:	CM15-0107260		
Date Assigned:	06/11/2015	Date of Injury:	01/29/2010
Decision Date:	07/16/2015	UR Denial Date:	05/16/2015
Priority:	Standard	Application Received:	06/03/2015

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, New York, 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 38-year-old who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of January 29, 2010. In a Utilization Review report dated May 16, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form received on May 7, 2015 in the determination. The applicant's attorney subsequently appealed. In August 30, 2014, the applicant reported ongoing complaints of shoulder, neck, low back, and mid back pain. Relafen, Norco, Celexa, and Biofreeze gel were endorsed. The applicant was placed off of work, on total temporary disability. The attending provider acknowledged that the applicant could not reach overhead whatsoever. The attending provider stated that the applicant was deriving some pain relief with medication consumption and stated that the applicant would not be able to perform even basic activities of daily living such as light chores, without her medications. On progress notes of July 15, 2014 and August 13, 2014, the applicant was again placed off of work, on total temporary disability. On April 2, 2015, the applicant reported ongoing complaints of shoulder pain status post earlier shoulder surgery on March 6, 2015. The applicant remained depressed and anxious, it was reported. The applicant was on Norco, Relafen, Lexapro, and Biofreeze gel, it was reported. Multiple medications, including Norco, Relafen, and Biofreeze gel, were renewed. Lexapro was seemingly introduced. The applicant was again kept off of work, it was acknowledged. On May 4, 2015, the applicant reported 5/10 pain with medications versus 10/10 without medications. The applicant again felt depressed and anxious. The applicant was using Norco, Relafen, Biofreeze gel, and Cymbalta, many of which were renewed and/or continued. The applicant was again placed off of work, on total temporary disability. The applicant was again described as feeling very desperate about her situation.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 twice daily #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) 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, however, the applicant was off of work, on total temporary disability, as of the date in question, May 4, 2015. While the attending provider did recount some reduction in pain scores from 7/10 without medications to 5/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.