

Case Number:	CM15-0134094		
Date Assigned:	07/22/2015	Date of Injury:	11/08/2002
Decision Date:	09/02/2015	UR Denial Date:	06/22/2015
Priority:	Standard	Application Received:	07/13/2015

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 [REDACTED] beneficiary who has filed a claim for chronic wrist, elbow, neck, and upper extremity pain reportedly associated with an industrial injury of November 8, 2002. In a Utilization Review report dated June 22, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 17, 2015 in its determination. The applicant's attorney subsequently appealed. On June 2, 2015, the applicant reported ongoing complaints of shoulder, elbow, wrist, and hand pain. The applicant reported severe limitations in terms of activities as basic as cooking, cleaning, vacuuming, and driving, it was reported. The applicant was not working, it was acknowledged. The applicant was using Norco. The applicant was placed off of work, on total temporary disability, while Norco was renewed. The applicant was using the same at a rate of four times daily. No seeming discussion of medication efficacy transpired.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Treatment Integrated Treatment/Disability Duration Guidelines, Pain (Chronic) Online Version.

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 placed off of work, on total temporary disability, as of the June 2, 2015 progress note at issue. The applicant was having difficulty performing activities as basic as cooking, cleaning, vacuuming, and driving, it was reported. The attending provider failed to outline quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage on that date. Therefore, the request was not medically necessary.