

Case Number:	CM15-0139098		
Date Assigned:	07/29/2015	Date of Injury:	01/14/2003
Decision Date:	09/25/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/17/2015

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 51-year-old who has filed a claim for chronic neck, shoulder, and low back pain complaints reportedly associated with an industrial injury of January 14, 2003. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note dated June 23, 2015 in its determination. The applicant's attorney subsequently appealed. In an RFA form dated June 24, 2015, Norco was endorsed. In an associated progress note dated June 24, 2015, the applicant reported ongoing complaints of neck and bilateral upper extremity pain, 5-8/10. The applicant contended that Norco was helping. The attending provider did not seemingly elaborate further. Norco was renewed, as were the applicant's permanent work restrictions. On May 19, 2015, the applicant reported ongoing complaints of neck, shoulder, and arm pain with derivative complaints of insomnia, 6-8/10. The applicant was on Norco for pain relief, it was reported. Difficulty sleeping was reported in several sections of the note. Norco was renewed. Drug testing was performed. The attending provider stated that Norco was beneficial but did not elaborate further. The applicant's permanent work restrictions were renewed. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg tablets 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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, the applicant's work status was not clearly stated on multiple progress notes, referenced above, suggesting that the applicant was not, in fact, working with previously imposed permanent limitations in place. While the treating provider stated that Norco was beneficial, the treating provider failed to outline specific functions or functionalities which had been ameliorated as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.