

Case Number:	CM15-0139382		
Date Assigned:	07/29/2015	Date of Injury:	04/26/2008
Decision Date:	09/02/2015	UR Denial Date:	06/18/2015
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 [REDACTED] beneficiary who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of April 26, 2008. In a Utilization Review report dated June 18, 2015, the claims administrator failed to approve a request for Norco. The applicant's attorney subsequently appealed. On July 1, 2015 progress note, the applicant reported ongoing complaints of neck pain with derivative complaints of headaches, anxiety, and depression. The applicant was not sleeping well. Ancillary complaints of shoulder pain were reported. The applicant was not working. Work restrictions were endorsed. Effexor, Flexeril, tramadol, and Desyrel were renewed while the applicant was seemingly kept off of work. No seeming discussion of medication efficacy transpired. In a June 3, 2015 progress note, the applicant again reported ongoing complaints of neck, shoulder, and low back pain. Medications were refilled. The attending provider stated that Norco was beneficial, but did not elaborate further and did not outline what functions had been ameliorated as a result of ongoing Norco usage. Multiple medications, including Norco, Naprosyn, Desyrel, tramadol, Protonix, and Flexeril were all renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG.

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 shorting-acting opioid, is 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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, however, the applicant was not working; it was acknowledged on multiple progress notes of June and July 2015, referenced above. While the attending provider stated on June 3, 2015 that previous usage of Norco had proven beneficial, this was neither elaborated nor expounded upon. The attending provider failed to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of the ongoing Norco usage. The attending provider failed to outline quantifiable decrements in pain affected as a result of ongoing Norco usage. Therefore, the request is not medically necessary.