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| Case Number: | CM15-0183405 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 10/21/2002 |
| Decision Date: | 11/06/2015 | UR Denial Date: | 08/19/2015 |
| Priority: | Standard | Application Received: | 09/17/2015 |

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 neck and shoulder pain reportedly associated with an industrial injury of October 21, 2002. In a utilization review report dated August 19, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on August 11, 2015 and an associated progress note of July 15, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. In a handwritten progress note dated July 15, 2015, the applicant reported ongoing complaints of low back and shoulder pain. The applicant was asked to remain off of work "permanently." Norco was renewed. In an associated typewritten narrative report on the same date, July 15, 2015, it was acknowledged that the applicant was using marijuana in addition to Motrin and Norco. The applicant was apparently considering shoulder surgery, it was reported. The applicant had undergone earlier lumbar spine surgery. The applicant was obese, with a BMI of 35, it was reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

One (1) prescription of Norco 10/325 #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use.

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 and was asked to remain off of work "permanently," as reported on July 15, 2015. The attending provider likewise failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines further stipulates that immediate discontinuation of opioids is recommended in individuals who are engaged in evident illicit substance abuse. Here, the applicant was, in fact, concurrently using marijuana, i.e., an illicit substance, it was acknowledged on July 15, 2015. Discontinuation of opioid therapy with Norco, thus, appeared to represent a more appropriate option than continuation of the same. Therefore, the request was not medically necessary.