

Case Number:	CM15-0187138		
Date Assigned:	09/29/2015	Date of Injury:	07/27/2011
Decision Date:	11/10/2015	UR Denial Date:	09/02/2015
Priority:	Standard	Application Received:	09/23/2015

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 52-year-old who has filed a claim for chronic neck pain, headaches, and depression reportedly associated with an industrial injury of July 27, 2011. In a Utilization Review report dated September 2, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form and a progress note of August 13, 2015 in its determination. The applicant's attorney subsequently appealed. On August 17, 2015, the applicant reported ongoing complaints of depression, anxiety, sleep disturbance, fatigue, and malaise, generating an associated Global Assessment of Functioning (GAF) of 50, it was stated. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. On August 13, 2015, the applicant reported ongoing complaints of neck pain status post recent cervical epidural steroid injection therapy. Ancillary complaints of headaches, gastritis, and dyspepsia were reported. Norco, Neurontin, and Prilosec were renewed and/or continued. The attending provider stated that the applicant's pain scores were reduced from 9/10 to 4½/10 as a result of ongoing medication consumption. The applicant's work status was not explicitly detailed, although it did not appear that the applicant was working. The applicant was asked to follow up with a psychiatrist and/or an acupuncturist.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg 1 PO TID #90: 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's work status was not clearly reported either on psychiatry note of July 22, 2015 or on pain management note dated August 13, 2015, strongly suggesting that the applicant was not, in fact, working. While the treating provider did recount a reduction in pain scores from 9/10 without medications to 4/10 with medications on August 13, 2015, these reports were, however, outweighed by the treating provider's failure to clearly outline the applicant's work status, the applicant's seeming failure to return to work, and the attending provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.