

Case Number:	CM15-0189734		
Date Assigned:	10/01/2015	Date of Injury:	11/26/2013
Decision Date:	11/16/2015	UR Denial Date:	09/11/2015
Priority:	Standard	Application Received:	09/25/2015

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 November 26, 2013. In a Utilization Review report dated September 11, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an office visit dated July 22, 2015 and an associated RFA form of July 30, 2015 in its determination. The applicant's attorney subsequently appealed. On September 2, 2015, the applicant reported 4-6/10 neck pain and shoulder pain complaints, reportedly unchanged. Lifting and carrying remain problematic, the treating provider reported, despite ongoing Norco and Flexeril usage. The applicant was placed off of work, on total temporary disability, through September 16, 2015. No seeming discussion of medication efficacy transpired. On August 6, 2015, it was acknowledged that the applicant was unchanged. The applicant had received an injection status post earlier cervical spine surgery. 4- 6/10 pain complaints were reported, constant. The applicant's medication list included Norco and Flexeril. Once again, no seeming discussion of medication efficacy transpired. On July 22, 2015, the applicant was, once again, placed off of work, on total temporary disability. A bone growth stimulator was sought owing to issues with delayed cervical fusion. 7/10 pain was reported. Norco was renewed, once again, without any seeming discussion of medication efficacy. The applicant was also using Protonix and Flexeril, it was incidentally noted.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone /APAP 5/325mg #15 2 refills: 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 (hydrocodone-acetaminophen), 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, on total temporary disability, it was reported on office visits on July 22, 2015, August 6, 2015 and September 2, 2015. No seeming discussion of medication efficacy transpired on these dates. Pain complaints as high as 7/10 were reported on the date in question, July 22, 2015. The treating provider failed to outline quantifiable decrements in pain or meaningful, material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.