

Case Number:	CM15-0199651		
Date Assigned:	10/14/2015	Date of Injury:	03/19/2008
Decision Date:	12/01/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/12/2015

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 47-year-old who has filed a claim for chronic neck and hand pain with derivative complaints of depression and anxiety reportedly associated with an industrial injury of March 19, 2008. In a Utilization Review report dated September 30, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 21, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 21, 2015, the applicant reported ongoing complaints of hand and upper extremity pain, 7-9/10. The applicant reported difficulty with activities as basic as brushing her hair, doing household chores, and dressing herself, it was reported. The applicant reported issues with depression, anger, anxiety, frustration, and tearfulness. Acupuncture was sought. The applicant was described as grossly overweight. The applicant was given a refill of Norco. The applicant's work status was not explicitly stated, although it did not appear that the applicant was working. On August 19, 2015, the applicant's work status was, once again, not clearly detailed. 8/10 pain complaints were reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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 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 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 described on the September 21, 2015 office visit at issue suggesting that the applicant was not, in fact, working. The applicant reported pain complaints as high as 7-8/10, the treating provider acknowledged, on the September 21, 2015 office visit at issue and was having difficulty to perform activities as basic as brushing her hair, dressing herself, and performing other household chores. All of the foregoing, taken together, did not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request is not medically necessary.