

Case Number:	CM15-0206223		
Date Assigned:	10/23/2015	Date of Injury:	06/30/2000
Decision Date:	12/09/2015	UR Denial Date:	09/24/2015
Priority:	Standard	Application Received:	10/20/2015

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] who has filed a claim for chronic neck reportedly associated with an industrial injury of June 30, 2000. In a Utilization Review report dated September 24, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a September 9, 2015 office visit in its determination. The applicant's attorney subsequently appealed. On September 11, 2015, the applicant reported moderate-to-severe pain complaints. The applicant was using Norco, Zofran, Desyrel, Colace, Prozac, and Valium, it was reported. The attending provider acknowledged that the applicant had developed issues with constipation and nausea associated with Norco consumption. The applicant's pain scores were 6/10 without medications and 1/10 with medications, the treating provider reported. Activities as basic as walking remain problematic, the treating provider reported. The applicant had an earlier failed cervical spine surgery, it was reported. The applicant was still smoking, it was reported. Multiple medications, including the Norco at issue, were seemingly renewed and/or continued. The applicant's permanent work restrictions were likewise renewed. In the occupational history section of the note, however, it was explicitly stated the applicant was "not working" with said limitations in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/2325mg #120: Upheld

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

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, the treating provider reported on September 11, 2015. The applicant was not working with permanent limitations in place, the treating provider noted. While treating provider did recount a reported reduction in pain scores from 6/10 without medications and 1/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the treating provider's reports to the effect that the applicant was still having difficulty performing activities as basic as walking, despite ongoing Norco usage. Page 79 of the MTUS Chronic Pain Medical Treatment Guidelines also stipulates that indications for discontinuation of earlier therapy include individuals in whom there is no overall improvement in function and/or presence of continuing pain with evidence of intolerable adverse effects. Here, the attending provider stated that the applicant was having continued complaints of nausea as of September 11, 2015, apparently so profound that they required usage of Zofran, an antiemetic medication, to attenuate. It appeared, thus, that discontinuation of opioid therapy with Norco was more appropriate than continuing the same, given the foregoing. Therefore, the request was not medically necessary.