

Case Number:	CM15-0033002		
Date Assigned:	02/26/2015	Date of Injury:	03/04/2005
Decision Date:	04/08/2015	UR Denial Date:	01/20/2015
Priority:	Standard	Application Received:	02/23/2015

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 [REDACTED] who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 4, 2005. In a Utilization Review Report dated January 20, 2015, the claims administrator failed to approve a request for Norco. A December 17, 2014 RFA form was referenced in the determination. The applicant's attorney subsequently appealed. On July 31, 2014, the applicant reported 8/10 neck, upper back, mid back, low back, and shoulder pain. The applicant was using Norco, triazolam, Norflex, Prilosec, Lidoderm, and Cymbalta, it was acknowledged at that point in time. The applicant was given various diagnoses, including chronic neck pain status post failed cervical spine surgery, complex regional pain syndrome of the right upper extremity, and chronic low back pain. Multiple medications were refilled, including Norco. The applicant's work status was not furnished. On December 16, 2014, the applicant reported 8/10 pain without medications versus 7/10 with medications. Once again, the applicant's work status was not furnished. The applicant was apparently given trigger point injections in the clinic. The applicant was also given a refill of Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco Tab 10/325mg #135: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

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 furnished on multiple office visits, referenced above, suggesting that the applicant was not, in fact working. The applicant continues to report pain complaints as high as 7-8/10, despite ongoing opioid usage. The attending provider has failed to outline any meaningful or material improvements in function achieved as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.