

Case Number:	CM15-0036724		
Date Assigned:	03/05/2015	Date of Injury:	04/01/2013
Decision Date:	04/15/2015	UR Denial Date:	02/18/2015
Priority:	Standard	Application Received:	02/26/2015

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 46-year-old [REDACTED] beneficiary who has filed a claim for chronic neck, back, and shoulder pain reportedly associated with an industrial injury of April 1, 2013. In a Utilization Review Report dated February 18, 2015, the claims administrator failed to approve a request for Norco. An RFA form received on February 10, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On July 11, 2014, the applicant reported ongoing complaints of neck, shoulder, and low back pain, 10/10. Radiation of low back pain to the bilateral lower extremities was evident. The applicant was given a rather proscriptive 10-pound lifting limitation. Multiple MRI studies were sought. It did not appear that the applicant was working with said 10-pound lifting limitation in place. Medication selection and medication efficacy were not detailed. On February 6, 2015, the applicant reported persistent complaints of neck, low back, mid back, and right shoulder pain with derivative complaints of headaches. Manipulative therapy and physical therapy were endorsed along with prescriptions for Norco and Relafen. Once again, a rather proscriptive 10-pound lifting limitation was renewed. It did not appear that the applicant was working with said limitation in place. In a progress note dated January 14, 2015, the applicant was, once again, given a refill a Norco. Ongoing complaints of neck pain, low back pain, shoulder pain, and headaches were reported. Once again, the 10-pound lifting limitation in question was renewed. It did not appear that the applicant was working with said limitations in place, although this was never explicitly stated.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

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 was seemingly off of work. The applicant continued to report pain complaints in the moderate-to-severe range, despite ongoing Norco usage. The attending provider failed to outline any meaningful or material improvements in function effected as a result of ongoing Norco usage (if any). Therefore, the request was not medically necessary.