

Case Number:	CM15-0051612		
Date Assigned:	04/15/2015	Date of Injury:	10/05/1976
Decision Date:	05/14/2015	UR Denial Date:	03/05/2015
Priority:	Standard	Application Received:	03/18/2015

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 72-year-old who has filed a claim for chronic neck, shoulder, hand, forearm, and upper extremity pain reportedly associated with an industrial injury of October 5, 1976. In a Utilization Review report dated March 5, 2015, the claims administrator failed to approve a request for Norco. A RFA form received on February 25, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. In a February 23, 2015 progress note, the applicant reported ongoing complaints of chronic shoulder, arm, hand, and upper extremity pain, reportedly severe. The applicant had alleged development of multifocal pain complaints secondary to cumulative trauma at work. The applicant had received bilateral CMC joint arthroplasties, bilateral carpal tunnel release surgeries, and bilateral shoulder rotator cuff repair surgeries. The applicant was receiving Social Security Disability Insurance (SSDI) and had been receiving it since 1998, it was stated. The applicant was using Voltaren gel, Lyrica, Elavil, Norco, and Soma. The attending provider stated that the applicant's pain complaints were reduced by 50% as a result of ongoing medication consumption. 9/10 pain without medications versus 4/10 pain with medications were reported. The applicant was on Norco, Soma, topical compounds, Lyrica, Voltaren gel, Elavil, Cymbalta, Zestril, Norvasc, and allopurinol, it was stated. The applicant had reportedly quit smoking, it was stated in another section of the note. Multiple medications were refilled. The applicant was described as having ancillary issues with hearing loss, severe anxiety, anger, and depression. The applicant's permanent work restrictions were renewed. The attending provider did order urine drug testing.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 MG #180: 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 off of work, it was acknowledged on February 23, 2015. The applicant has apparently not worked since 1998, it was noted. The applicant was receiving both Workers' Compensation indemnity benefits and Social Security Disability Insurance (SSDI) benefits, the treating provider reported. While the treating provider did outline some reported reduction in pain scores effected as a result of ongoing medication consumption, these was, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function effected as a result of the same. Therefore, the request is not medically necessary.