

Case Number:	CM15-0057601		
Date Assigned:	04/27/2015	Date of Injury:	10/03/2011
Decision Date:	05/22/2015	UR Denial Date:	03/04/2015
Priority:	Standard	Application Received:	03/26/2015

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 61-year-old who has filed a claim for chronic shoulder and knee pain reportedly associated with an industrial injury of October 10, 2011. In a Utilization Review report dated March 12, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a February 24, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. In a progress note dated August 19, 2014, the applicant reported 6-7/10 pain without medications versus 4/10 with medications. The attending provider maintained that the applicant's ability to wash her dishes was ameliorated as a result of ongoing medication consumption. The applicant was using Norco, Prilosec, and Biofreeze gel, all of which were refilled. The applicant's work status was not detailed. In a December 12, 2013 work status report, the applicant was given a rather proscriptive 5-pound lifting limitation. It did not appear that the applicant was working with said limitation in place. In a medical-legal evaluation dated January 31, 2014, the applicant reported ongoing complaints of shoulder pain. Derivative complaints of depression, anxiety, and poor energy levels were reported. The applicant stated that activities of daily living as basic as sleeping, vacuuming, lifting, and dressing herself remained problematic. The applicant's daughter was helping her do laundry, housecleaning, and shopping, it was acknowledged. The applicant was using Norco and Prilosec as of this point in time. It was suggested (but not clearly stated) that the applicant was not working as of this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #30: 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 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 was still having difficulty performing activities of daily living as basic as lifting, carrying, standing, and walking, it was reported on multiple occasions, referenced above, including on a medical-legal evaluation of January 31, 2014. The attending provider's commentary on August 19, 2014 to the effect that the applicant's ability to wash dishes had been ameliorated as a result of ongoing medication consumption did not constitute evidence of a meaningful, material, or significant improvement in function effected as a result of ongoing Norco usage. The applicant's failure to return to work, thus, coupled with the attending provider's failure to outline any meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage did not, in short, make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.