

Case Number:	CM15-0088647		
Date Assigned:	05/13/2015	Date of Injury:	03/25/2011
Decision Date:	06/26/2015	UR Denial Date:	04/29/2015
Priority:	Standard	Application Received:	05/08/2015

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 54-year-old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of March 25, 2011. In a Utilization Review report dated April 29, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a RFA form dated April 28, 2015 in its determination. The applicant's attorney subsequently appealed. On January 6, 2015, the applicant reported ongoing complaints of neck, shoulder, and low back pain, 5/10 with medications versus 8-9/10 without medications. The attending provider stated that the applicant's ability to perform activities of self-care and personal hygiene have been ameliorated as a result of ongoing medication consumption. A rather proscriptive 10-pound lifting limitation was endorsed. It was not clearly stated whether the applicant was or was not working with said limitation in place, although this did not appear to be the case. On November 10, 2014, it was stated that the applicant would be bedridden without her medications. The applicant was using Norco at a rate of two to three times a day, it was suggested. The same, unchanged, 10- to 15-pound lifting limitation was endorsed on this date. Once again, it was not clearly stated whether the applicant was or was not working with said limitation in place, although it did not appear to be the case. On April 8, 2015, the applicant reported heightened pain complaints, 8/10 without medications versus 5/10 with medications. The attending provider again suggested that the applicant would be bedridden without her medications. Norco and Lidoderm patches were renewed while the same, unchanged, 10-pound lifting limitation was endorsed. Trigger point injections were sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #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 did not appear to be working with a rather proscriptive 10-pound lifting limitation in place. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 5/10 with medications, these reports were, however, outweighed by the applicant's seeming 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 ongoing opioid usage (if any). The attending provider's commentary to the fact that the applicant would be bedridden without her medications and would be unable to perform activities of self-care and personal hygiene without medications did not constitute evidence of a meaningful, material, or significant improvements in function effected as a result of ongoing opioid usage. Therefore, the request was not medically necessary.