

Case Number:	CM14-0139281		
Date Assigned:	10/13/2014	Date of Injury:	12/26/2007
Decision Date:	11/13/2014	UR Denial Date:	08/13/2014
Priority:	Standard	Application Received:	08/28/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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 has filed a claim for major depressive disorder and chronic pain syndrome reportedly associated with an industrial injury of December 26, 2007. Thus far, the applicant has been treated with the following: analgesic medications; transfer of care to and from various providers in various specialties; opioid therapy; and earlier cervical fusion surgery. In a Utilization Review Report dated August 13, 2014, the claims administrator failed to approve a request for Norco. In a March 21, 2014 progress note, the applicant was described as status post earlier anterior cervical discectomy and fusion surgery on March 13, 2012. Norco and Valium were renewed. In a progress note dated October 2, 2014, the applicant was asked to pursue additional massage therapy. The applicant had apparently received recent myofascial release therapy and/or trigger point release therapy, it was noted. In a progress note dated October 7, 2014, the applicant again reported ongoing jaw pain complaints, neck pain complaints, and low back pain complaints. The applicant's medication list included Zoloft, Pepcid, Topamax, Norco, Nexium, Ambien, and Motrin. The applicant's BMI was 30. Massage therapy was sought. Norco, Topamax, and Zoloft were all renewed, without any explicit discussion of medication efficacy. The applicant was not working, it was acknowledged. In a September 8, 2014 RFA form, six to nine sessions of massage therapy were sought. On August 27, 2014, the applicant reported persistent complaints of low back, neck, and jaw pain with ancillary complaints of depression. The applicant also developed venous varicosities, it was noted, and was apparently receiving definitive treatment for the same. The applicant was given refills of Norco, Topamax, Zoloft, and Ambien, again without any explicit discussion of medication efficacy. It was acknowledged that the applicant was not working.

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 When to Continue Opioids Page(s): 80.

Decision rationale: 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. In this case, however, the applicant is off of work. The applicant has seemingly been off of work for large portions of the claim. The attending provider, furthermore, has failed to outline any material improvements in function or quantifiable decrements in pain achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.