

Case Number:	CM14-0166708		
Date Assigned:	10/13/2014	Date of Injury:	05/21/1999
Decision Date:	11/14/2014	UR Denial Date:	09/26/2014
Priority:	Standard	Application Received:	10/09/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic neck pain, mid back pain, low back pain, shoulder pain, and headaches reportedly associated with an industrial injury of May 21, 1999. Thus far, the applicant has been treated with the following: Analgesic medications; long and short acting opioids; psychotropic medications; transfer of care to and from various providers in various specialties; medical transportation to and from appointments; a home health aide; and extensive periods of time off of work. In a Utilization Review Report dated September 23, 2014, the claims administrator partially approved a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated September 10, 2014, the applicant reportedly ongoing "debilitating" pain in the neck, low back, and mid back. The applicant had issues with chronic pulmonary disease. The applicant was using supplemental oxygen for a time, it was acknowledged. The applicant was described as off of work, on disability. The applicant was having difficulty negotiating stairs. The applicant was also depressed, it was acknowledged. The applicant was on a variety of medications, including Morphine, Norco, Imitrex, Neurontin, Xanax, Flexeril, Prilosec, Wellbutrin, Prozac, prednisone, theophylline, Advair, supplemental oxygen, and Tenormin. The applicant appeared quite distressed and was moving about in the clinic setting with a four wheeled walker. Authorization was sought for a trial of intrathecal Morphine. The attending provider pointed out, somewhat obliquely, that the applicant medications were helping. The attending provider stated that the applicant was experiencing some reduction in pain scores with medications and further stated the applicant's ability to get up out of bed was improved as a result of ongoing medications. The applicant was apparently given a handicapped placard. Medical transportation was sought. Home health services to facilitate

performance of activities of daily living, including meal preparation, bathing, and dressing was also sought. A dental consultation was sought.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #240: 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 is having difficulty performing activities of daily living as basic as negotiating stairs, standing, walking, performing household chores, cooking, cleaning, and doing meal preparation. Therefore, the request for Norco 10/325mg #240 is not medically necessary and appropriate.