

Case Number:	CM14-0178573		
Date Assigned:	10/31/2014	Date of Injury:	10/20/2010
Decision Date:	12/09/2014	UR Denial Date:	10/14/2014
Priority:	Standard	Application Received:	10/28/2014

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 is a represented [REDACTED] employee who has filed a claim for chronic low back, neck, and knee pain reportedly associated with an industrial injury of October 20, 2010. The applicant has been treated with the following: Analgesic medications; dietary supplements; unspecified amounts of physical therapy; opioid therapy; earlier knee arthroscopy; extracorporeal shock wave therapy; and extensive periods of time off of work. In a Utilization Review Report dated October 14, 2014, the claims administrator approved a request for Norco while partially approving a request for Norco, apparently for weaning purposes. The applicant's attorney subsequently appealed. In a progress note dated December 18, 2013, the applicant was given refills of Terocin, gabacyclotram, Genicin, Somnicin, a flurbiprofen-containing topical compounded medication, Flexeril, Theramine, Sentra, and GABAdone. Extracorporeal shock wave therapy was sought. The applicant reported multifocal complaints of neck, back, and knee pain, 7-8/10. On November 21, 2012, it was acknowledged that the applicant was not working and had not worked since January 2011. In a subsequent note dated August 13, 2014, the applicant reported multifocal complaints of neck, knee, and low back pain, 6-8/10. The attending provider stated that the applicant's topical medications were diminishing his pain. Norco, Motrin, Flexeril, Methoderm, gabacyclotram, Terocin, and several other topical compounds were endorsed, along with various dietary supplements including Genicin and Somnicin. On June 18, 2014, the applicant was previously given prescriptions for Motrin, Norco, Terocin, and several topical compounds including Xolido, flurbiprofen-containing compound, and gabacyclotram. The applicant again reported 7-8/10 multifocal pain complaints.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10mg/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines On-Going Management and Weaning of Medications Page(s): 94-95.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic Page(s): 80.

Decision rationale: As noted on page 80 of the California Medical Treatment Utilization Schedule (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 is off of work. The applicant continues to report pain complaints consistently scored in the 7-8/10 range, despite ongoing Norco usage. The attending provider has failed to outline any quantifiable decrements in pain or material improvements in function achieved as a result of ongoing Norco usage. Therefore, the request is not medically necessary.