

Case Number:	CM14-0185038		
Date Assigned:	11/12/2014	Date of Injury:	05/08/2009
Decision Date:	12/19/2014	UR Denial Date:	10/13/2014
Priority:	Standard	Application Received:	11/06/2014

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 reportedly associated with an industrial injury of May 8, 2009. Thus far, the applicant has been treated with the following: Analgesic medications; opioid therapy; transfer of care to and from various providers in various specialties; topical compound; sleep aids; and work restrictions. In a Utilization Review Report dated October 13, 2014, the claims administrator partially approved/partially denied a request for Norco, while approving a request for Relafen outright. The applicant's attorney subsequently appealed. In a medical-legal evaluation dated April 9, 2014, the applicant reported ongoing complaints of neck pain, predominantly axial. The applicant stated that she had remained at work despite her pain complaints. 8/10 pain was reported with temporary relief appreciated with epidural injections. The applicant was doing her "regular computer work," it was suggested. The applicant's medications included Tramadol, Norco, and Relafen. The applicant stated that she was able to perform many activities of daily living, including self care, personal hygiene, standing, walking, and negotiating stairs. The applicant was having some difficulty with certain activities, such as lifting and carrying. The applicant was asked to return to work. A 10% whole person impairment rating was issued. In a June 7, 2014 progress note, the attending provider stated that ongoing usage of Norco twice daily and Ultram extended release were keeping the applicant relatively functional. The applicant was working, it was reiterated. It was suggested that the applicant's combination of medications was generating appropriate analgesia.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines.

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, the applicant is apparently deriving appropriate analgesia from ongoing Norco usage. Ongoing Norco usage has facilitated the applicant's returning to and/or maintaining successful return to work status at the Southern California Gas Company. Continuing the same, on balance, is therefore indicated. Accordingly, the request is medically necessary.