

Case Number:	CM14-0212763		
Date Assigned:	12/30/2014	Date of Injury:	11/01/2007
Decision Date:	02/28/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/19/2014

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. 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, Ohio, 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 [REDACTED] employee who has filed a claim for chronic neck, shoulder, and wrist pain reportedly associated with an industrial injury of November 1, 2010. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve a request for Norco. The claims administrator did incidentally noted that the applicant had undergone multiple procedures over the course of the claim, including a radial tunnel release surgery, elbow epicondylar release surgery, cervical radiofrequency ablation procedures, Botox injections, trigger point injections, ulnar nerve decompression surgery, carpal tunnel release surgery, de Quervain's release surgery, etc. The applicant's attorney subsequently appealed. In a progress note dated November 4, 2014, the applicant was given diagnosis of cubital tunnel syndrome, elbow pain, carpal tunnel syndrome, shoulder impingement syndrome, ulnar neuropathy, migraine headaches, anxiety, depression, and myofascial pain syndrome. The applicant was asked to continue currently prescribed medications, which included Neurontin, Pristiq, Norco, and Klonopin. Radiofrequency rhizotomy procedures were sought. The attending provider acknowledged that the applicant had multiple pain generators. The attending provider suggested that the applicant should also pursue Botox injections for myofascial pain syndrome. The applicant was asked to discontinue Zohydro. The note was difficult to follow and did mingled historical issues and current issues. On October 28, 2014, the attending provider acknowledged that the applicant continued to report difficulty activities of daily living as basic as reaching overhead, brushing her hair, and putting away plates and dishes. The applicant was using Klonopin, Neurontin, glipizide, metformin,

Lopressor, Norco, and Pristiq, it was acknowledged. Permanent work restrictions were endorsed. The applicant was given a shoulder subacromial corticosteroid injection.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg QTY: 180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone/Acetaminophen Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 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's work status has not been clearly reported from visit to visit. The applicant does not appear to be working. On November 4, 2014, the attending provider noted that the applicant was having difficulty performing activities of daily living as basic as walking and sleeping secondary to pain. An October 28, 2014 progress note, also referenced above, suggested that the applicant was having difficulty performing activities of daily living as basic as gripping, grasping, reaching overhead, and doing household chores. All of the foregoing, taken together, does not make a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.