

Case Number:	CM14-0215934		
Date Assigned:	01/06/2015	Date of Injury:	06/07/2002
Decision Date:	03/03/2015	UR Denial Date:	12/16/2014
Priority:	Standard	Application Received:	12/23/2014

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 pain syndrome reportedly associated with an industrial injury of June 7, 2002. In a Utilization Review Report dated December 16, 2014, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note and RFA form of December 6, 2014 and December 4, 2014, respectively in its determination. The claims administrator cited MTUS Guidelines, but did not incorporate the same into its rationale and opinion of the denial. In said December 6, 2014 progress note, the applicant reported persistent complaints of neck and back pain. The applicant reportedly exhausted his supply of medications. The attending provider stated that the applicant was presented to obtain medication refills. The attending provider stated that the applicant was permanent and stationary with permanent restrictions in place. It was not clearly outlined whether the applicant was or was not working. Norco, Naprosyn, and Protonix were renewed. It did not appear that the applicant was working with previously proposed permanent limitations. On November 4, 2014, the attending provider again stated that the applicant had a flare of neck pain and had exhausted medications. The applicant presented to obtain a refill of the same. Norco was refilled. The attending provider stated that the applicant's usage of the medications were ameliorating his ability to perform activities of daily living, but did not elaborate or expound further.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 79-80.

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 includes evidence of successful return to work, improved functioning, and/or reduced pain achieved as a result of the same. Here, the applicant's work status has not been clearly outlined, although it does not appear that the applicant was working with previously imposed permanent limitations. The attending provider's progress notes of December and November 2014 did not contain any explicit discussion of a reduction in pain scores and/or material improvements in function affected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.