

Case Number:	CM15-0106715		
Date Assigned:	06/11/2015	Date of Injury:	03/23/2010
Decision Date:	07/16/2015	UR Denial Date:	05/15/2015
Priority:	Standard	Application Received:	06/03/2015

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, New York, 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 67-year-old who has filed a claim for chronic shoulder pain reportedly associated with an industrial injury of March 23, 2010. In a Utilization Review report dated May 15, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an April 21, 2015 RFA form in its determination. The applicant's attorney subsequently appealed. On March 10, 2015, the applicant reported ongoing complaints of shoulder pain, unchanged from previous visit. The applicant was placed off of work, on total temporary disability. The applicant was asked to pursue a shoulder surgery. Norco was apparently renewed. The note comprised, in large part, of preprinted checkboxes, with little in the way of narrative commentary. The applicant did report issues with depression, psychological stress, insomnia, alleged memory loss, and dizziness, it was noted. The applicant did report some reduction in pain scores from 8/10 without medications to 4/10 with medications, the treating provider stated but this was not elaborated or expounded upon. In a progress note dated November 6, 2014, the applicant was, once again, placed off of work, on total temporary disability. The applicant was also asked to continue Norco on this date, again through usage of preprinted checkboxes.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 7.5/325 mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-81, 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) 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 was off of work, on total temporary disability, as of the date in question. While the attending provider did recount some reported reduction in pain scores from 8/10 without medications to 4/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.