

Case Number:	CM15-0118103		
Date Assigned:	06/26/2015	Date of Injury:	01/24/1992
Decision Date:	07/28/2015	UR Denial Date:	05/21/2015
Priority:	Standard	Application Received:	06/18/2015

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 69-year-old who has filed a claim for chronic neck, shoulder, wrist, and finger pain reportedly associated with an industrial injury of January 24, 1992. In a Utilization Review report dated May 21, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on May 14, 2015 in its determination, along with an associated progress note of the same date. The applicant's attorney subsequently appealed. On May 8, 2015, the applicant reported ongoing issues with depression reportedly associated with the demise of her son some three years prior. Lexapro and Abilify were renewed. In a progress note dated November 26, 2014, the applicant reported ongoing complaints of wrist, elbow, forearm, neck, and shoulder pain, collectively scored at 7/10. The applicant was on Prilosec, Norco, Adderall, Celebrex, Levoxyl, aspirin, and Lexapro, it was reported. The applicant was apparently using Norco at a rate of four times daily. The note was somewhat difficult to follow as it mingled historical issues with current issues. The applicant had undergone earlier failed carpal tunnel and ulnar nerve transposition surgeries. The applicant was asked to follow up with her psychiatrist for psychotropic medication management. In an RFA form dated May 14, 2015, both Norco and Celebrex were endorsed. In an associated progress note of the same date, May 14, 2015, the applicant again reported ongoing complaints of thumb, hand, wrist, and elbow pain, reportedly worsened since the preceding visit. The attending provider stated that Norco was generating pain relief for some three to four hours at a time. The attending provider stated that Norco was beneficial in terms of ameliorating the

applicant's ability to do laundry. Repetitive motions such as using a computer remained problematic. The applicant needed assistance from her husband to open cans, jars, drive lengthy distances, and/or do heavier loads of laundry, it was reported. The applicant's work status was not explicitly stated. Norco and Celebrex were nevertheless renewed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #100 refills 2: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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's work status was not outlined on multiple office visits, referenced above, including on a pain management note dated May 14, 2015 and on a psychiatric progress note dated May 8, 2015, suggesting that the applicant was not, in fact, working. The applicant continued to report pain complaints as high as 7/10, despite ongoing Norco usage, it was stated on May 14, 2015. The applicant still had difficulty performing activities of daily living as basic as typing, keyboarding, driving, opening cans, etc., despite ongoing Norco usage. All of the foregoing, taken together, strongly suggested that the applicant was not, in fact, profiting from ongoing Norco usage. Therefore, the request is not medically necessary.