

Case Number:	CM15-0124940		
Date Assigned:	07/10/2015	Date of Injury:	02/22/2012
Decision Date:	08/28/2015	UR Denial Date:	06/09/2015
Priority:	Standard	Application Received:	06/30/2015

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 34-year-old who has filed a claim for chronic wrist, shoulder, and neck pain reportedly associated with an industrial injury of February 22, 2012. In a Utilization Review report dated June 9, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 3, 2015 in its determination. The applicant's attorney subsequently appealed. On May 4, 2015, the applicant reported ongoing complaints of hand, wrist, shoulder, and neck pain, collectively scored a 5/10. The attending provider posited that the applicant's ability to perform grooming and light household chores had been ameliorated because of ongoing medication consumption. The applicant had undergone a de Quervain release surgery on February 2, 2015, it was reported. The note was difficult to follow as it comprised, in large part, of cited guidelines. Additional physical therapy, updated cervical MRI imaging, Norco, Naprosyn, Protonix, and Flexeril were endorsed. The applicant was given work restrictions. It was not clearly stated whether the applicant was or was not working with said limitations in place, although this did not appear to be the case. The attending provider stated that medication consumption was reducing the applicant's pain complaints by anywhere from 3 to 5 points.

IMR ISSUES, DECISIONS AND RATIONALES

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

Hydrocodone 5/325mg #60: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 7) When to Continue Opioids Page(s): 80.

Decision rationale: No, the request for hydrocodone-acetaminophen (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 because of the same. Here, however, it did not appear that the applicant had returned to work on May 4, 2015 following imposition of work restrictions. The treating provider did not explicitly state whether the applicant's employer was able to accommodate suggested limitations, strongly suggesting that the applicant was not, in fact, working. While the treating provider did outline some reduction in pain scores effected as a result of ongoing Norco usage, these reports were, however, outweighed by the treating provider's failure to clearly recount the applicant's work status, the applicant's seeming failure to return to work, and the treating provider's failure to outline meaningful, material, and/or substantive improvements in function (if any) effected as result of ongoing Norco usage. The treating provider's commentary to the effect that the applicant's ability to perform grooming and light household duties as a result of ongoing medication consumption did not constitute evidence of a meaningful or substantive benefit sufficient to justify continuation of Norco. Therefore, the request was not medically necessary.