

Case Number:	CM15-0128056		
Date Assigned:	07/14/2015	Date of Injury:	09/10/2013
Decision Date:	08/11/2015	UR Denial Date:	06/26/2015
Priority:	Standard	Application Received:	07/02/2015

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 52-year-old who has filed a claim for chronic hand, wrist, finger, and shoulder pain with ancillary complaints of sleep disturbance reportedly associated with an industrial injury of September 10, 2013. In a Utilization Review report dated June 26, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on June 23, 2015 and an associated progress note of June 19, 2015 in its determination. The applicant's attorney subsequently appealed. On an RFA form dated June 19, 2015, Norco was endorsed. In an associated progress note of the same date, June 19, 2015, the applicant reported ongoing complaints of hand and wrist pain. The attending provider posited that the applicant was doing home exercises, was working, getting stronger in terms of grip strength. The attending provider posited that the applicant was working regular duty at the bottom of the report and also stated that Norco was reducing the applicant's pain complaints by 30% to 50%.

IMR ISSUES, DECISIONS AND RATIONALES

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

120 tablets of Norco 10/325mg: Overturned

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

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

Decision rationale: Yes, the request for Norco, a short-acting opioid, was medically necessary, medically appropriate, and 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, the applicant had returned to regular duty work, it was reported on June 19, 2015. The attending provider posited that ongoing usage of Norco was ameliorating the applicant's ability to perform home exercises and was leading to the applicant's grip strength improving over time. The attending provider also stated that Norco was reducing the applicant's pain scores by 30% to 50%. Continuing the same, on balance, was indicated, given the applicant's seemingly favorable response to the same. Therefore, the request was medically necessary.