

Case Number:	CM15-0026629		
Date Assigned:	02/19/2015	Date of Injury:	03/24/2011
Decision Date:	04/02/2015	UR Denial Date:	02/04/2015
Priority:	Standard	Application Received:	02/12/2015

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 61-year-old [REDACTED] beneficiary who has filed a claim for chronic pain syndrome reportedly associated with an industrial injury of March 24, 2011. In a Utilization Review Report dated February 4, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced an RFA form received on January 27, 2015 in its determination. The applicant's attorney subsequently appealed. On January 21, 2015, the applicant reported ongoing complaints of neck and low back pain, 3/10 with medications versus 7/10 without medications. The attending provider gave the applicant refills of Norco and Robaxin. The attending provider stated that the applicant's medications were beneficial but did not elaborate to any great degree. The applicant's work status was not identified. On October 13, 2014, the applicant reported ongoing complaints of shoulder, neck, and hand pain. Norco was refilled, again without any explicit discussion of medication efficacy. The applicant stated that he was considering a cervical fusion procedure. A rather proscriptive 10-pound lifting limitation was endorsed. It did not appear that the applicant was working with said limitation in place.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco tablets 10/325mg #100, 1 every 6 hours as needed: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

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, the applicant did not appear to be working following imposition of a rather proscriptive 10-pound lifting limitation. While the attending provider outlined some reduction in pain scores reportedly effected as a result of ongoing opioid therapy, these were, however, outweighed by the applicant's seemingly failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function achieved as a result of the same. Therefore, the request was not medically necessary.