

Case Number:	CM15-0065158		
Date Assigned:	04/13/2015	Date of Injury:	02/25/2012
Decision Date:	05/20/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/06/2015

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 35-year-old [REDACTED] beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of February 25, 2012. In a Utilization Review report dated April 1, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a March 24, 2015 RFA form in its determination. The claims administrator did note that the applicant had undergone earlier cervical spine surgery. The applicant's attorney subsequently appealed. On November 26, 2014, the applicant underwent a functional capacity evaluation (FCE), the results of which were not clearly reported. It was suggested in one section of the note that the applicant had found alternate employment as a medical assistant. In an earlier note dated September 10, 2014, it was stated that the applicant had not worked since April 2012. On November 7, 2014, the applicant underwent an exploration of the cervical wound and removal of hardware to ameliorate pre-operative diagnoses of perforation of esophagus and an infected cervical wound. On November 17, 2014, the applicant again was given a refill of Norco. Ongoing complaints of neck pain radiating to the arms was reported. The applicant was working with a rather permissive 50-pound lifting limitation in place. The applicant was moving around the room without difficulty, it was stated. The attending provider suggested that ongoing medication consumption had proven beneficial here. On March 16, 2015, the applicant stated that usage of Norco on a thrice-daily basis was attenuating her pain complaints. A 30-pound lifting limitation was endorsed on this occasion. The applicant was struggling with her pain complaints, it was stated. The applicant was not working on this occasion it was reported. On February 16, 2015, the applicant was again

described as having worsening neck, mid back, and low back pain. The applicant had a pending surgical consultation. The applicant stated that she was having difficulty walking long distances and pushing a grocery cart. The applicant stated that she would like to obtain a handicapped placard. The applicant was visibly depressed, it was acknowledged. Norco and Zofran were endorsed, along with a 30-pound lifting limitation. A psychiatry consultation was also suggested. In a February 19, 2015 progress note, the applicant reported 7-10/10 neck pain complaints with continuous radiation of pain to the arm. The applicant did report issues with depression and anxiety. The applicant stated that she was not exercising regularly.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg, ninety count: Upheld

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

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 was not working as of the date in question, March 16, 2015. While the applicant had apparently returned to work at some point in late 2014, the applicant was apparently unable to maintain successful return to work status; it was reported on March 16, 2015. The applicant was struggling with her pain complaints on that date, it was acknowledged. A February 19, 2015 progress note suggested that the applicant was having difficulty performing even basic activities of daily living such as standing and walking and was unable to maintain a regular exercise program. None of the foregoing taken together, made a compelling case for continuation of opioid therapy with Norco. Therefore, the request was not medically necessary.