MAXIMUS Federal Services

Case Number:	CM15-0070091		
Date Assigned:	05/18/2015	Date of Injury:	01/02/2014
Decision Date:	06/16/2015	UR Denial Date:	04/01/2015
Priority:	Standard	Application Received:	04/14/2015

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 [redacted]) beneficiary who has filed a claim for chronic neck pain reportedly associated with an industrial injury of January 2, 2014. In a Utilization Review report dated April 1, 2015, the claims administrator denied a request for Norco and conditionally denied a request for Nucynta. The claims administrator referenced a March 19, 2015 RFA form and associated March 3, 2015 progress note in its determination. The applicant's attorney subsequently appealed. On February 24, 2015, the applicant was placed off of work, on total temporary disability, owing to ongoing complaints of neck pain, mid back pain, shoulder pain, wrist pain, and elbow pain with derivative complaints of depression, anxiety, and insomnia. The applicant had received earlier epidural injections, it was acknowledged. Physical therapy was endorsed while the applicant was placed off of work. There was no discussion of medication selection or medication efficacy on this date. In a pain management note dated March 3, 2015, the applicant reported ongoing complaints of neck pain, 7/10 with medications versus 9-10/10 without medications. The attending provider stated that the applicant was still having difficulty performing activities of daily living as basic as self-care, personal hygiene, and sleeping, despite ongoing medication consumption. The applicant was not working, it was reiterated. Motrin, Norco, Nucynta, Prilosec, and naloxone were endorsed.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg Qty 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-95, 124.

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 was off of work as of the date of the request, March 3, 2015. The applicant continued to report difficulty performing activities of daily living as basic as self-care, personal hygiene, and sleeping, despite ongoing opioid usage with Norco. While the attending provider did recount some low-grade reduction in pain scores from 9-10/10 without medications to 7/10 with medications, these reports were, however, outweighed by the applicant's failure to return to work and the attending provider's failure to outline any meaningful or material improvements in function (if any) as a result of ongoing Norco usage. Therefore, the request was not medically necessary.