

Case Number:	CM15-0074076		
Date Assigned:	04/24/2015	Date of Injury:	08/10/2012
Decision Date:	05/21/2015	UR Denial Date:	03/19/2015
Priority:	Standard	Application Received:	04/17/2015

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 53-year-old who has filed a claim for chronic shoulder and low back pain reportedly associated with an industrial injury of August 10, 2012. In a Utilization Review report dated March 19, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a progress note of December 30, 2014 in its determination. The applicant's attorney subsequently appealed. On December 30, 2014, the applicant reported ongoing complaints of left shoulder and low back pain. Norco was renewed while the applicant was placed off of work, on total temporary disability. Multifocal complaints of low back, shoulder, and neck pain were reported. No seeming discussion of medication efficacy transpired on this date. On December 2, 2014, the applicant was again placed off of work, on total temporary disability while Norco, naproxen, and Prilosec were renewed, once again without any explicit discussion of medication efficacy.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use. Decision based on Non-MTUS Citation ACOEM Practice Guidelines, Chapter 6: Pain, Suffering, Restoration of Function.

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 a result of the same. Here, however, the applicant was off of work, on total temporary disability, as of the date of the request. The attending provider's progress notes failed to outline any meaningful or material improvements in function or quantifiable decrements in pain (if any) effected as a result of ongoing Norco usage. Therefore, the request was not medically necessary.