

Case Number:	CM15-0094319		
Date Assigned:	05/20/2015	Date of Injury:	01/05/1999
Decision Date:	06/25/2015	UR Denial Date:	04/23/2015
Priority:	Standard	Application Received:	05/15/2015

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 62-year-old who has filed a claim for chronic neck and shoulder pain with derivative complaints of fibromyalgia, reflex sympathetic dystrophy, and migraine headaches reportedly associated with an industrial injury of January 5, 1999. In a Utilization Review report dated April 23, 2015, the claims administrator failed to approve a request for Norco. A RFA form received on April 14, 2015 and an associated progress note of March 31, 2015 were referenced in the determination. The applicant's attorney subsequently appealed. On April 13, 2015, Norco, Mobic, Lidoderm patches, and a Toradol injection were apparently sought. In an associated progress note dated March 31, 2015, the applicant reported ongoing complaints of neck, left shoulder, left arm, and left wrist pain. The applicant reported 10/10 pain without medications versus 6/10 pain with medications, it was acknowledged. The applicant was using Duragesic, Norco, Effexor, Lidoderm, and Mobic, it was stated in various sections in the note. In another section of the note, it was stated that the applicant had previously weaned off of Duragesic. At the bottom of the report, the applicant was asked to employ Norco and Lidoderm for pain relief. The applicant was given a Toradol injection in the clinic setting. The applicant did have derivative complaints of depression and anxiety, it was noted in the review of systems section of the note. The applicant's work status was not clearly stated, although it did not appear that the applicant was working. On January 22, 2015, the applicant reported 8/10 pain with medications. Once again, the applicant's work status was not reported.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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's work status was not reported on multiple progress notes, referenced above, including on March 31, 2015. While the attending provider did recount some reported reduction in pain scores from 10/10 without medications to 6/10 pain with medications on that date, these reports were, however, outweighed by the attending provider's failure to document the applicant's work status, coupled with the attending provider's failure to outline meaningful, material, and/or substantive improvements in function effected as a result of ongoing medication consumption (if any). Therefore, the request was not medically necessary.