

Case Number:	CM15-0098216		
Date Assigned:	05/29/2015	Date of Injury:	03/31/2006
Decision Date:	07/02/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/21/2015

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] employee who has filed a claim for chronic neck pain reportedly associated with an industrial injury of March 31, 2006. In a Utilization Review report dated May 12, 2015, the claims administrator partially approved a request for Norco, apparently for weaning or tapering purposes. A progress note of May 1, 2015 was referenced in the determination. The applicant's attorney subsequently appealed. On May 29, 2015, the applicant reported ongoing complaints of shoulder and knee pain, 7-8/10. The applicant reported difficulty-performing activities of daily living as basic as standing, walking, kneeling, and squatting. The applicant had undergone earlier shoulder surgery in 2007, it was reported. Norco, Relafen, and physical therapy were endorsed. The applicant's permanent work restrictions were renewed. The applicant was not working with said limitations in place, the treating provider reported. Little to no discussion of medication efficacy transpired. On May 15, 2015, the applicant again reported painful range of motion about the injured shoulder with ancillary complaints of neck pain radiating to the arm. The applicant also reported daily headaches and weight gain attributed to difficulty exercising secondary to pain complaints. 8/10 pain complaints were reported, despite ongoing medication consumption. The applicant was asked to continue Norco, Flexeril, and/or Fioricet. The applicant was placed off work, on total temporary disability. On May 1, 2015, Norco and Lodine were renewed. Once again, the treating provider stated that the applicant's employer was unable to accommodate her limitations. 7-8/10 pain complaints were reported. Once again, the applicant stated that kneeling, squatting standing, and walking remained problematic.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

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 because of the same. Here, however, the applicant was off of work, it was suggested on progress notes of May 1, 2015, May 15, 2015, and May 29, 2015. The applicant reported pain complaints as high as 7-8/10 on those dates and, furthermore, reported difficulty exercising, difficulty standing, walking, kneeling, and squatting owing to her various and sundry pain complaints. The attending provider failed to outline meaningful or material improvements in function or quantifiable decrements in pain (if any) effected because of ongoing Norco usage. Therefore, the request was not medically necessary.