

Case Number:	CM15-0098434		
Date Assigned:	05/29/2015	Date of Injury:	05/23/2005
Decision Date:	07/02/2015	UR Denial Date:	04/24/2015
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 58 year old who has filed a claim for chronic neck, shoulder, and low back pain reportedly associated with an industrial injury of May 23, 2005. In a Utilization Review report dated April 24, 2015, the claims administrator failed to approve a request for Norco. The claims administrator referenced a February 23, 2015 progress note and an associated RFA form in its determination. The applicant's attorney subsequently appealed. On February 23, 2015, Norco, a right shoulder arthroscopy, and urine drug testing were endorsed. The applicant was asked to transfer care to another provider. Multifocal complaints of neck, shoulder, wrist, foot, and ankle pain were reported, highly variable, 5-10/10. Derivative complaints of anxiety and psychological stress were reported. The applicant was given a refill of Norco. Urine drug testing was performed. The applicant was described as having severe chronic pain issues. A chronic pain referral was sought. A rather proscriptive 10-pound lifting limitation was issued. Activities of daily living as basic as sitting, standing, and typing worsened the applicant's pain complaints, it was acknowledged. It was not explicitly stated whether the applicant was or was not working at this point.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #80: Upheld

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids Page(s): 80.

Decision rationale: 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 did not appear to be working with a rather proscriptive 10 pound lifting limitation placed on February 23, 2015. The applicant reported highly variable pain complaints ranging from 5-10/10 on that date, the treating provider reported. The treating provider's failure to clearly state whether the applicant was or was not working, coupled with the treating provider's failure to outline meaningful or material improvements in function (if any) effected as a result of ongoing Norco usage did not make a compelling case for continuation of the same. Therefore, the request is not medically necessary.