

Case Number:	CM14-0117345		
Date Assigned:	09/16/2014	Date of Injury:	01/04/2013
Decision Date:	12/09/2014	UR Denial Date:	07/11/2014
Priority:	Standard	Application Received:	07/25/2014

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. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. 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/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

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, wrist, and shoulder pain reportedly associated with an industrial injury of January 4, 2013. Thus far, the applicant has been treated with the following medications: Analgesic medications; transfer of care to and from various providers in various specialties; unspecified amounts of physical therapy; and opioid therapy. In a Utilization Review Report dated July 10, 2014, the claims administrator failed to approve a request for Norco and cyclobenzaprine. The claims administrator stated that it was basing its decision on a June 17, 2014 progress note and July 1, 2014 Request for Authorization (RFA) form. The applicant's attorney subsequently appealed. In a progress note dated April 15, 2014, the applicant reported ongoing complaints of neck and shoulder pain, 3-4/10 with Norco and 7/10 without Norco. The applicant was asked to pursue an additional 12 sessions of physical therapy following earlier shoulder surgery of February 10, 2014. Norco was renewed. The applicant was kept off of work, on total temporary disability.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines When to Continue Opioids topic 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 admittedly dated information on file suggested the applicant is off of work, on total temporary disability. While the attending provider did outline some reductions in pain achieved as a result of ongoing Norco usage in an earlier progress note of April 2014, referenced above, the attending provider did not outline any material improvements in function achieved as a result of ongoing Norco usage. While it is acknowledged that the June 17, 2014 progress note and July 1, 2014 RFA form on which the articles at issue were sought were not incorporated into the Independent Medical Review packet, the information which is on file, however, fails to support or substantiate the request. Therefore, the request is not medically necessary.

Cyclobenzaprine 5mg, #90: 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 Cyclobenzaprine Page(s): 41.

Decision rationale: As noted on page 41 of the MTUS Chronic Pain Medical Treatment Guidelines, the addition of cyclobenzaprine to other agents is not recommended. Here, the applicant is, in fact, concurrently using Norco, an opioid agent. Adding cyclobenzaprine to the mix is not recommended. Therefore, the request is not medically necessary.