MAXIMUS Federal Services

Case Number:	CM13-0058290		
Date Assigned:	12/30/2013	Date of Injury:	06/09/2010
Decision Date:	07/29/2014	UR Denial Date:	11/19/2013
Priority:	Standard	Application Received:	11/26/2013

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 Family Medicine, has a subspecialty in Clinical Informatics and is licensed to practice in Pennsylvania. 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:

This worker slipped on a bottle cap resulting in neck and back pain on June 9, 2010. She subsequently received physical therapy, chiropractic, medications, and TENS unit. On December 11, 2001 she had an MRI of the lumbar spine which showed L5-S1 disc protrusion without nerve root compression and with mild facet arthropathy. An MRI of the cervical spine on the same date showed C6-7 disc protrusion but no spinal stenosis or neural foraminal narrowing. On October 26, 2011 she had MRI of the left shoulder which showed mild tendinopathy of the infraspinatus and tenosynovitis of the bicep tendon. She had normal electro-diagnostic studies. At a visit with the primary treating physician on September 7, 2013 she complained of neck and back pain, shoulder pain and right hip and buttock pain. The treatment plan included chiropractic, pain management and Norco one by mouth every 6 hours, #120. At a subsequent visit on October 15, 2013 she continued with the same complaints. The treatment plan again included chiropractic, pain management and Norco with an increase to one by mouth every 4-6 hours, #150.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325MG #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 80-88.

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: current pain, the least reported pain over the period since last assessment, average pain, intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief last.The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. In this case, there is insufficient documentation of the assessment of pain, function and side effects in response to opioid use to substantiate the medical necessity for Norco.