

Case Number:	CM14-0009159		
Date Assigned:	02/14/2014	Date of Injury:	10/01/2009
Decision Date:	07/03/2014	UR Denial Date:	01/02/2014
Priority:	Standard	Application Received:	01/23/2014

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:

This is a 57-year-old female who has reported widespread pain after an injury on October 01, 2009. The diagnoses include myofascial pain, radiculopathy, shoulder derangement, carpal tunnel syndrome, and tennis elbow. Symptoms are reported in the cervical spine, lumbar spine, shoulders, elbows, and wrists. On 8/8/13, there were ongoing symptoms in the shoulders, wrists, back and neck. "Medications" were continued, with no discussion of any specific medication and no discussion of function or results of use. On 12/12/13, the primary treating physician noted persistent pain, hand weakness, and limited range of motion in the hand, back, shoulders, and neck. Five medications were prescribed/refilled. There was no discussion of the specific indications or results of using any of these medications. Function was not addressed. There was no work status. Prescriptions on 7/11/13, 10/10/13, and 12/12/13 were for hydrocodone #60. On 1/2/14 Utilization Review non-certified Norco, unspecified quantity, noting the lack of specific functional improvement while on Norco since 4/11/13, and the MTUS was cited. The Independent Medical Review application listed Norco as the requested service but with no quantity listed.

IMR ISSUES, DECISIONS AND RATIONALES

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

NORCO 5/325 MG: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Chronic Pain, Medications: Norco.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 77-81, 94, 80, 81.

Decision rationale: There is no evidence that the treating physician is prescribing opioids according to the MTUS, which recommends prescribing according to function, with specific functional goals, return to work, random drug testing, opioid contract, and there should be a prior failure of non-opioid therapy. None of these aspects of prescribing is in the evidence. Per the MTUS, opioids are minimally indicated, if at all, for chronic non-specific pain, osteoarthritis, "mechanical and compressive etiologies", and chronic back pain. Aberrant use of opioids is common in this population. There is no evidence of significant pain relief or increased function from the opioids used to date. The treating physician has not discussed the results of prescribing hydrocodone and his reports do not address function. The request for Independent Medical Review is for an unspecified quantity of Norco, which may potentially imply an infinite quantity and duration. No opioids are medically necessary when prescribed in this manner, as all opioids should be prescribed in a time-limited fashion with periodic monitoring of results, as is recommended in the MTUS. Based on the failure of prescribing per the MTUS, the unspecified quantity requested, and the lack of specific functional benefit, Norco is not medically necessary.