

Case Number:	CM14-0091018		
Date Assigned:	07/25/2014	Date of Injury:	09/29/2007
Decision Date:	02/24/2015	UR Denial Date:	05/23/2014
Priority:	Standard	Application Received:	06/17/2014

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. 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: 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:

This is a 57 year old female worker with a date of injury of September 29, 2007. The injury was noted to occur in the course of her usual work duties. More current diagnoses include cervical radiculopathy, status post cervical spinal fusion, lumbar disc degeneration, left shoulder pain and osteoarthritis. On January 27, 2014 she underwent a left suprascapular nerve block. She reported good overall improvement lasting three weeks. On May 1, 2014, the injured worker complained of neck pain radiating down her bilateral upper extremities. The pain was rated as an 8 on a 1-10 pain scale with medications and a 10/10 without medications. The pain was noted to be aggravated by walking. She reported activity of daily living limitations in the area of ambulation, hand function and sleep. Physical examination revealed tenderness in the cervical spine at C5-7, left trapezius muscle and in the spinal vertebral area at L4-S1. The range of motion of the lumbar spine was moderately limited secondary to pain. The pain was significantly increased with flexion and extension. Treatment modalities included medications and aqua pool therapy. The injured worker reported improved pain control and functional improvement after a course of aqua pool therapy. A request was made for Pantoprazole Sodium DR 20mg #60, Senokot-S 8.6-50mg tablets #120 and Norco 5/325mg tablets #60. On May 23, 2014, utilization review denied the Norco 5/325mg tablets #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg tablet po (by mouth) bid (twice daily) #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 91, 78-80, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids section, Weaning of Medications section Page(s): 74-95, and 124.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. The injured worker is reported to have 20% improvement in pain severity with medication use. There is no objective evidence that she has experienced significant functional improvement with the use of opioid pain medications. Medical necessity of this request has not been established within the recommendations of the MTUS Guidelines. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The claims administrator modified this request to allow for weaning of opioid pain medications.