

Case Number:	CM15-0100689		
Date Assigned:	06/03/2015	Date of Injury:	09/22/2010
Decision Date:	07/01/2015	UR Denial Date:	05/12/2015
Priority:	Standard	Application Received:	05/26/2015

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, Florida, 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 injured worker is a 53-year-old female, who sustained an industrial injury on 9/22/2010, while employed as a janitor. She reported a slip due to a spill on the floor. The injured worker was diagnosed as having chronic back pain, neck and upper extremity pain, depression/anxiety due to chronic pain, and severe daily headaches. Treatment to date has included diagnostics, epidural steroid injection, acupuncture, and medications. Currently (4/22/2015), the injured worker complains of ongoing neck pain, back pain, and headaches. She was attending acupuncture sessions and felt that it did improve symptoms for a few days. She was struggling lately due to not having Norco in the last month, citing denials by insurance. Pain was rated 4/10 with medication and 7/10 without. Benefits of medications were noted as decreased pain, improved sleep, and improved function. Current medication was listed as Norco, noting that she has not had any in the past month. Pain levels were not significantly changed in the previous few months. Her work status was modified with restrictions and she was currently not working. She was dispensed Norco, noting that she had tried multiple medications and this one was of most benefit for her. A urine drug screen was provided and results were not documented. Prior urine drug screens were not noted. A previous progress report, dated 6/18/2014, noted that she stopped Norco due to gastrointestinal upset and stopped all other medication because she did not like the way they made her feel and made her anxiety worse.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 78, 80-81.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26 Page(s): 79, 80 and 88 of 127.

Decision rationale: The current California web-based MTUS collection was reviewed in addressing this request. They note in the Chronic Pain section: **When to Discontinue Opioids:** Weaning should occur under direct ongoing medical supervision as a slow taper except for the below mentioned possible indications for immediate discontinuation. They should be discontinued: (a) If there is no overall improvement in function, unless there are extenuating circumstances. **When to Continue Opioids:** (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. In the clinical records provided, it is not clearly evident these key criteria have been met in this case. Moreover, in regards to the long term use of opiates, the MTUS also poses several analytical necessity questions such as: has the diagnosis changed, what other medications is the patient taking, are they effective, producing side effects, what treatments have been attempted since the use of opioids, and what is the documentation of pain and functional improvement and compare to baseline. These are important issues, and they have not been addressed in this case. As shared earlier, there especially is no documentation of functional improvement with the regimen. The request for the opiate usage is not medically necessary per MTUS guideline review.