

Case Number:	CM15-0101902		
Date Assigned:	06/04/2015	Date of Injury:	02/25/2006
Decision Date:	07/07/2015	UR Denial Date:	04/28/2015
Priority:	Standard	Application Received:	05/27/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 47 year old, female who sustained a work related injury on 2/25/06. She was transferring heavy items from one cart to another and developed pain in her neck, right shoulder and low back. The diagnoses have included chronic cervical strain/sprain, chronic lumbar strain/sprain, chronic right shoulder strain/sprain and anxiety/stress/depression. Treatments have included oral medications, Voltaren gel, trigger point injections, modified work duties, physical therapy, heat/cold therapy, and home exercises. In the PR-2 dated 3/5/15, the injured worker complains of neck pain. She rates her pain level a 5-10/10. She describes the pain as stabbing and pressure-like. The pain radiates to the head and right arm. She complains of right shoulder/upper arm pain. She rates this pain level a 4-10/10. She describes this pain as stabbing, numbness, tingling, and burning sensation associated with swelling and stiffness. It radiates to her wrist. She also complains of low back pain. She rates this pain level a 4-10/10. She describes this pain as stabbing and pressure-like with associated numbness and tingling. The pain radiates to the right leg. On physical examination, she has some decreased range of motion in neck. She has tenderness to palpation and hypertonicity of suboccipital region and cervical paravertebral muscles. She has slightly decreased range of motion in right shoulder. She has tenderness in palpation of muscles of right shoulder, trapezius and parascapulars. She has tenderness of right biceps tendon. She has slightly decreased range of motion in lower back. She has tenderness to palpation of lumbar paraspinal muscles with hypertonicity. The treatment plan includes a prescription for Norco.

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 Opioids Page(s): 76-80.

Decision rationale: With regard to this request, the California Chronic Pain Medical Treatment Guidelines state the following about on-going management with opioids: "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug-related behaviors. These domains have been summarized as the '4 A's' (analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Guidelines further recommend discontinuing opioids if there is no documentation of improvement in function and reduction in pain. In the progress reports available for review, the requesting provider did not adequately document monitoring of the four domains. Improvement in function was not clearly outlined. The MTUS defines this as a clinical significant improvement in activities of daily living or a reduction in work restrictions. This level of documentation was not found for notes when the worker was on Tylenol with codeine and continued even when the switch to Norco was made. Furthermore, there did not appear to be recent monitoring for aberrant behaviors such as querying the CURES database, risk stratifying patients using metrics such as ORT or SOAPP, or including results of random urine toxicology testing. The urine drug testing submitted was from July 2013 yet this request is made in 2015. Based on the lack of documentation, medical necessity of this request cannot be established at this time. Although this opioid is not medically necessary at this time, it should not be abruptly halted, and the requesting provider should start a weaning schedule as he or she sees fit or supply the requisite monitoring documentation to continue this medication.