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| Case Number: | CM15-0102150 | | |
| Date Assigned: | 06/04/2015 | Date of Injury: | 03/22/2012 |
| Decision Date: | 07/10/2015 | UR Denial Date: | 05/11/2015 |
| 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: Massachusetts

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:

This 51 year old woman sustained an industrial injury on 3/22/2012. The mechanism of injury is not detailed. Diagnoses include cervical spine disease, cervical spine radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine facet syndrome, right sacroiliac joint facet arthropathy, and right lower extremity complex regional pain syndrome. Treatment has included oral medications and surgical intervention. Physician notes dated 4/16/2015 show complaints of cervical and lumbar spine, and right shoulder pain rated 8/10. Recommendations include pulmonary specialist consultation, follow up with psychologist, follow up with primary care physician, Norco, Flexeril, Prozac, Gabapentin, Xanax, urine drug screen, and follow up in eight weeks.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Weaning of medications.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines (1) Opioids, criteria for use, p 76-80 (2) Opioids, dosing, p 86.

Decision rationale: The claimant sustained a work injury in March 2012 and continues to be treated for chronic pain. When seen, medications are referenced as helping with pain. However, she had been hospitalized four times since the previous visit and had received morphine in an emergency room for pain control. This had been detected on urine drug test results. Physical examination findings included diffuse lumbar spine tenderness. There was facet tenderness. There was decreased lumbar spine range of motion and decreased right lower extremity strength and reflexes. Farfan testing was positive bilaterally. Norco (Hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although the total MED (morphine equivalent dose) is less than 120 mg per day, there is poor pain control as evidence by the claimant's four emergency room visits for pain in the month prior to this request. There is no documentation that medications are providing an increased level of function or improved quality of life. Therefore, the continued prescribing of Norco was not medically necessary.