

Case Number:	CM15-0127643		
Date Assigned:	07/14/2015	Date of Injury:	08/17/2000
Decision Date:	12/16/2015	UR Denial Date:	06/10/2015
Priority:	Standard	Application Received:	07/01/2015

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: Family Practice

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 67 year old female who sustained an industrial injury on August 17, 2000. The worker is being treated for: chronic lumbosacral strain, lateral collateral ligament of knee, cervical strain, neck and unspecified site of shoulder and upper arm. Subjective: January 05, 2015, February 06, 2015, March 04, 2015, April 10, 2015 she complained of constant severe pain in the neck, right shoulder, arm, and lower back rated a "9" intensity level out of 10. May 06, 2015 reported complaint of "constant, severe pain in her neck, trapezius muscles, and right shoulder, arm and lower back." The level of pain intensity is "8 to 9" rating. Objective: March 04, 2015, April 10, 2015 noted tenderness at C6 and L4 spine, normal gait. May 06, 2015 noted the patient came in urgently and noted with tenderness at C6 and L4 spine. Diagnostic: UDS March 14, 2015 noted findings consistent with prescribed. Medication: April 10, 2015, May 06, 2015 noted pending request Norco 5mg 325mg. February 06, 2015 prescribed Tylenol with codeine #90 for pain "since you denied the prescription for Norco." January 05, 2015 prescribed Norco. Treatment: therapeutic injection administered January 05, 2015, February 06, 2015, March 04, 2015, April 10, 2015, May 96, 2015 using Toradol 60mg intramuscular to reduce exacerbation of pain. On May 21, 2015 a request was made for Norco 5mg 325mg unspecified quantity that was noncertified by utilization Review on June 10, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325 mg, quantity unspecified: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: This patient receives treatment for chronic pain involving the lower back, knee neck, shoulder and R arm. This is the result of an industrial injury dated 08//17/2000. On exam the patient has tenderness on palpation of the spine in the neck and lower back. The patient has received Toradol by injection for pain recurrences. The level of pain is stated is 8 to 9/10. The documentation does not state to what level of pain is reached with this medication. This review addresses a request for "Norco 5/325 mg," no quantity specified. Norco 5/325 mg contains 5 mg of hydrocodone, an opioid. This patient has become opioid dependent, exhibits opioid tolerance, and may be exhibiting hyperalgesia, which are all associated with long-term opioid treatment. Opioids are not recommended for the long-term management of chronic pain, because clinical studies fail to show either adequate pain control or a return to function, when treatment relies on opioid therapy. The documentation fails to document any quantitative assessment of return to function while taking the medication, which is an important clinical measure of drug effectiveness. In addition the actual number of Norco tablets prescribed is not stated. Based on the documentation treatment this is not medically necessary.