

Case Number:	CM15-0131175		
Date Assigned:	07/17/2015	Date of Injury:	12/02/2010
Decision Date:	08/20/2015	UR Denial Date:	06/19/2015
Priority:	Standard	Application Received:	07/07/2015

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: Arizona, Michigan

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 47 year old male, who sustained an industrial injury on December 2, 2010. The injured worker was diagnosed as having headaches, posterior upper neck pain, left upper extremity symptoms, with MRI from February 2011 showing a small disc protrusion at C2-C3, left shoulder pain, low back and left lower extremity pain, positive nerve conduction velocity (NCV) studies for left ulnar neuropathy in March 2011. Treatments and evaluations to date have included MRI, nerve conduction velocity (NCV), and medication. Currently, the injured worker complains of ongoing neck, shoulder, low back, and left upper extremity pain. The Primary Treating Physician's report dated May 13, 2015, noted the injured worker continued to do well on the current medication regimen without adverse side effects or aberrant behaviors. The injured worker's current medications were listed as Norco, Flexeril, and Serax. The Physician noted there was no significant change in the objective findings. The injured worker was noted as currently not working. The treatment plan was noted to include the injured worker given a month's supply of the Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective: Norco 5/325mg, #30, Dispensed 05/13/2015: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioid Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 74-96.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines notes that ongoing management of opioid therapy should include the lowest possible dose prescribed to improve pain and function, and ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. On-going management should include ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include current pain, the least reported pain over the period since last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief and how long the pain relief lasts. Satisfactory response to treatment may be indicated by the injured worker's decreased pain, increased level of function, or improved quality of life. The guidelines recommend a pain agreement for chronic opioid use, and consideration of use of a urine drug screen (UDS) to assess for use or the presence of illegal drugs. Norco (Hydrocodone/Acetaminophen) is indicated for moderate to moderately severe pain. The injured worker was noted on April 15, 2015, to reduce his pain level from 8/10 to a 2/10 with the use of his Norco. The injured worker was noted to have functional improvements with his ability to improve his sleep to 7 to 8 hours of restful sleep, being able to walk four times a week, being able to cook meals, do household chores and yard work, and help take care of his 11 year old son with the use of his Norco. Without the Norco, the injured worker was noted to struggle with these activities. The injured worker denied negative side effects, and there was no aberrant behavior with a signed pain contract on file, and the most recent urine drug screen (UDS) noted to be consistent. The injured worker was noted to have an average pain of 6/10, getting as high as 8/10 and coming down to as low as 2/10, taking about 30 minutes for the Norco to take effect, with pain relief lasting for about 6 hours at a time. On May 13, 2015, the injured worker was noted to continue to do well with his current medication regimen without adverse effects or aberrant behaviors. Based on the guidelines, the documentation provided supported the medical necessity of the retrospective request for Norco 5/325mg, #30, dispensed May 13, 2015. The request is medically necessary.