

Case Number:	CM15-0131306		
Date Assigned:	07/17/2015	Date of Injury:	11/26/2007
Decision Date:	09/10/2015	UR Denial Date:	06/15/2015
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: New York

Certification(s)/Specialty: Internal 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 46 year old female, who sustained an industrial injury on 11/26/2007. The mechanism of injury was not made known. According to the most recent progress report submitted for review and dated 06/02/2015, the injured worker was seen for ongoing evaluation of her upper extremity pain. She continued to do well on her pain medication regimen. Norco continued to bring her pain from a 10 down to a 4 on a scale of 1-10. This allowed her to be more active and functional at home. She was able to take care of personal hygiene, do some light cooking, cleaning and do her own shopping. She only got medications from one provider. She had not asked for early refills. A pain contract was signed and on file. A urine drug screen performed on 11/25/2014 was consistent. The urine drug screen report was not provided for review. Her average pain was 7 or 8, getting as high as 10, coming down to 4 at best. Her current pain was 10 because she missed her last appointment and had been out of medications for a couple of weeks. Neurontin continued to help with neuropathic pain. Zoloft continued to help with depression. Colace helped with constipation. Ambien helped her to fall asleep at night. Current medications included Norco 10/325 mg 5 a day, Flector patch, Neurontin, Zoloft, Colace and Ambien. Medications tried and failed included Tramadol and Percocet. Diagnoses included minimal neck pain, negative MRI of the cervical spine from February 2008, status post right carpal tunnel release, status post right trigger thumb release, right lateral epicondylitis, right elbow surgery, status post left carpal tunnel release, mild left median nerve neuropathy on electrodiagnostic studies and depression/anxiety industrially disputed as an accepted body part. The injured worker was provided with a bottle of Norco 10/325 mg #120 and a prescription for

Norco 10/325 mg #30. Zoloft was also dispensed. The injured worker was permanent and stationary. She was to return for follow up in one month. Records show that the injured worker started working part time in February 2015. As of 04/15/2015, the provider noted that the injured worker was not working due to 2 ground level falls that occurred when her knee gave out from under her causing her injury to her right knee and ankle. She was being seen for her primary care treating physician for this. Currently under review is the request for Norco 10/325 mg #30. Documentation submitted for review dates back to 09/30/2014 and shows that the injured worker had been prescribed Norco 10/325 mg five a day consistently since that time.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Functional Restoration Approach to Chronic Pain Management, Opioids, Long-users of Opioids Page(s): 9, 78, 88.

Decision rationale: CA MTUS Chronic Pain Medical Treatment Guidelines state that all therapies are focused on the goal of functional restoration rather than merely the elimination of pain and assessment of treatment efficacy is accomplished by reporting functional improvement. MTUS guidelines state that on-going management of opioid therapy 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 the last assessment, average pain, the intensity of pain after taking the opioid, how long it takes for pain relief, and how long pain relief lasts. Information from family members or other caregivers should be considered in determining the patient's response to treatment. In addition to pain relief, the practitioner should monitor side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or nonadherent) drug-related behaviors. In this case there was no discussion of current pain, the least reported pain over the period since the last assessment, average pain, and the intensity of pain after taking the opioid, how long it takes for pain relief, how long pain relief lasts, improvement in pain and improvement in function. Guidelines state that pain should be assessed at each visit and functioning should be measured at 6-month intervals using a numerical scale and validated instrument. In this case, the injured worker has been taking the same dosage of Norco dating back to September 2014. Functioning using a numerical scale and validated instrument was not provided. The treating provider did not document how long it takes for pain relief and how long pain relief lasts after taking Norco. There is a lack of functional improvement with the treatment already provided. The treating physician did not provide sufficient evidence of improvement in the work status, activities of daily living, and dependency on continued medical care. Medical necessity for the requested treatment is not established. The requested treatment is not medically necessary.