

Case Number:	CM15-0142620		
Date Assigned:	08/03/2015	Date of Injury:	07/21/2008
Decision Date:	08/31/2015	UR Denial Date:	06/29/2015
Priority:	Standard	Application Received:	07/22/2015

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, Indiana, 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 55-year-old female, who sustained an industrial injury on 7-21-2008, resulting from a slip and fall. The injured worker was diagnosed as having cervicobrachial syndrome, sciatica, disorders of the sacrum, and pain in shoulder joint. Treatment to date has included diagnostics, physical therapy, left shoulder surgery in 2011 and 2012, physical therapy, lumbar epidural steroid injection, functional restoration program evaluation, and medications. Currently (6/17/2015), the injured worker complains of pain in her left knee, left shoulder, and low back. Pain was rated 8 out of 10. She continued to report left sided neck pain with radiation to the left occiput. She reported intermittent numbness and tingling, affecting all the fingers of the left hand and dorsal arm and forearm. Her low back pain radiated into the left lower extremity, with intermittent numbness and tingling. She was using Norco 10-325mg (average of three times daily) and pain levels appeared consistent for several months. An accurate duration of use for this medication could not be determined. She reported functional improvement with Norco use without adverse effects. She also utilized Flexeril intermittently for spasms, prescribed by her primary care physician. A review of symptoms included anxiety and depression. She was currently not working. Current medication was documented as Norco 10-325mg three times daily as needed; Norco (2-4 tablets daily) prescribed by other MD, and Cyclobenzaprine. The treatment plan included a prescription for Norco 10-325mg three times daily as needed, with a quantity of 90 tablets. Urine toxicology (4-02-2015) was positive for benzodiazapines, opiates, and tricyclics.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 1/325mg tablet take 1 tablet by mouth 3 times a day for pain #90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 91.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opiates Page(s): 74-96. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opiates.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg one by mouth three times per day as needed for pain #90 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are cervical brachial syndrome; sciatica; disorder sacrum; and pain in joint shoulder. The date of injury is July 21, 2008. Request for authorization is June 23, 2015. According to a progress note dated June 2, 2015, the injured worker presented for a medication refill. The documentation indicates the injured worker is receiving Norco from two different providers. The treating provider requesting the present refill prescribes Norco 10/325 mg one tablet TID. A second treating provider prescribes Norco 10/325 mg 2-4 tablets daily with no quantity documented. A progress note dated April 24, 2015 subjectively states pain in the left knee, left shoulder and low back. Objectively, there is tenderness palpation over the cervical and lumbar paraspinal muscle groups. Range of motion was decreased in the right shoulder. There are no urine drug screens in the medical record. There were no risk assessments in the medical record. There are no detailed pain assessments in medical record. There is no clinical indication or rationale in the medical record for two providers prescribing Norco 10/325mg. There is no documentation demonstrating objective functional improvement to support ongoing Norco 10/325mg. Consequently, absent clinical documentation with a clinical indication and rationale for two providers prescribing Norco 10/325 mg concurrently, pain assessments, risk assessments and urine drug toxicology screens. Norco 10/325mg one by mouth three times per day as needed for pain # 90 is not medically necessary.