

Case Number:	CM15-0165554		
Date Assigned:	09/03/2015	Date of Injury:	01/22/2007
Decision Date:	10/06/2015	UR Denial Date:	08/04/2015
Priority:	Standard	Application Received:	08/24/2015

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: Physical Medicine & Rehabilitation

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 was a 39 year old female, who sustained an industrial injury, January 22, 2007. The mechanism of injury occurred when the supervisor was yelling at the injured worker and creating a hostile work environment. The injured worker previously received the following treatments Norco, Zanaflex, Valium, Xanax, Neurontin, Voltaren XR, Tramadol, Sonata, random toxicology laboratory studies on January 5, 2015 which were negative for any unexpected findings, failed trial non-steroidal anti-inflammatory medications and home exercise program. The injured worker was diagnosed with cervical and lumbar strain and or sprain, bilateral lower extremity radiculopathy, bilateral shoulder strain (myofascial) carpal tunnel syndrome, cubital tunnel syndrome and chronic pain syndrome. According to progress note of January 30, 2015, the injured worker's chief complaint was ongoing low back pain with spasms. The injured worker rated the pain at 7 out of 10. The pain was described as frequent, sharp with numbness. The physical exam noted tenderness and spasms of the lumbar spine. The straight leg raises were positive bilaterally. There was decrease sensation in the L5 and S1 bilaterally. There was decreased range of motion in all planes. The treatment plan included a prescription for Norco.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 75-325mg #90: Upheld

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

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

Decision rationale: The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. It cites opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. Additionally, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic injury without acute flare, new injury, or progressive neurological deterioration. The Norco 75-325mg #90 is not medically necessary and appropriate.