

Case Number:	CM15-0168056		
Date Assigned:	09/11/2015	Date of Injury:	11/23/2010
Decision Date:	10/08/2015	UR Denial Date:	08/06/2015
Priority:	Standard	Application Received:	08/26/2015

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 is a 37 year old male, who sustained an industrial injury on 11-23-2010. He reported a pallet jack impacted his right thigh causing a fall resulting in contusion and peripheral nerve injury to the right lower extremity. Diagnoses include chronic pain syndrome, radiculitis, depressive disorder, disturbance of skin sensation, and myalgia and myositis. Treatments to date include activity modification, medication therapy, home exercise, and H-Wave therapy. Currently, he complained of ongoing right upper leg pain associated with burning, stabbing, pins and needles. Pain was rated 4-5 out of 10 VAS with medications and 6-7 out of 10 VAS without medications. Current pain relief treatments included Norco, H-Wave, and Flexeril for muscle spasms with good relief. On 7-16-15, the physical examination documented an antalgic gait with a single point cane and diminished sensation with allodynia in the right inner thigh with muscle atrophy noted. The provider documented CURES report, urinalysis, and agreement were appropriate. The plan of care included ongoing medication therapy. The appeal requested authorization of a prescription for Norco 10-325mg, one tablet every three to four times a day as needed, #120. The Utilization Review dated 8-6-15, denied the request indicating the documentation did not support that California MTUS Guidelines were met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: 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, criteria for use, Opioids for chronic pain.

Decision rationale: The MTUS Guidelines cite 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. 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. From the submitted reports, 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 10/325mg #120 is not medically necessary and appropriate.