

Case Number:	CM15-0182823		
Date Assigned:	09/23/2015	Date of Injury:	09/23/1997
Decision Date:	10/28/2015	UR Denial Date:	08/20/2015
Priority:	Standard	Application Received:	09/17/2015

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: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 50 year old female, who sustained an industrial injury on September 23, 1997. She reported injury to her head. The injured worker was currently diagnosed as having chronic migraine without aura with intractable migraine, brachial neuritis or radiculitis not otherwise specified and unspecified myalgia and myositis. Treatment to date has included medications, acupuncture, chiropractic treatment, functional rehabilitation program, epidural steroid injections, and physical therapy and Botox injections. With injections, she was able to do her activities of daily living and leave the house without severe headaches. On July 7, 2015, the injured worker complained of severe headaches daily along with neck pains and spasms. She noted severe pain from the neck that radiates to her right ribs. Her headache pain was rated as an 8-10 on a 1-10 pain scale, every day. She was noted to be using her medications at maximal allowed dosages. On August 5, 2015, the injured worker complained of pain rated a 6 on a 0-10 pain scale. She stated her medications were working well. Her current medications included Doxepin, Klonopin, Zolpidem, Sumavel Dosepro, Norco, Zofran, Flector patch, Zanaflex, Protonix, Trilipix Dr, Zetia and Metoprolol Tartrate. The treatment plan included continuation of all current medication, including Norco. On August 20, 2015, utilization review denied a request for Norco 10-325mg #180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg take 1-2 tab po tid #180: 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, long-term assessment.

Decision rationale: The claimant has a remote history of a work injury occurring in September 1997 and continues to be treated for radiating neck pain and severe headaches. When seen, pain was rated at 6/10. Medications are referenced as working well and without side effects. She was exercising regularly. Physical examination findings included a body mass index of 25.5. Norco was refilled. The total MED (morphine equivalent dose) was 60 mg per day. Norco (hydrocodone/acetaminophen) is a short acting combination opioid often used for intermittent or breakthrough pain. In this case, it is being prescribed as part of the claimant's ongoing management. Although there are no identified issues of abuse or addiction and the total MED is less than 120 mg per day, there is no documentation that this particular medication is currently providing decreased pain through documentation of VAS pain scores or specific examples of how this medication is resulting in an increased level of function or improved quality of life. Continued prescribing is not considered medically necessary.