

Case Number:	CM15-0183056		
Date Assigned:	09/23/2015	Date of Injury:	04/24/2009
Decision Date:	10/28/2015	UR Denial Date:	08/18/2015
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: Arizona, California

Certification(s)/Specialty: Family Practice

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 59 year old female who sustained an industrial injury on 4-24-09. A review of the medical records indicates she is undergoing treatment for degenerative disc disease in the cervical spine, osteoarthritis in the cervical spine, Sjogren's disease, and post-traumatic stress disorder. Medical records (7-2-15 to 7-25-15) indicate complaints of neck pain, headaches, wrist pain, leg pain, foot pain, as well as difficulty concentrating, cognitive issues, anxiety, significant depression, fearfulness, nightmares, intrusive thoughts, agitation, sleep disorder, fatigue, and loss of libido. The pain provider report (7-2-15) indicates that she "continues to do pretty well." The report indicates that she takes Norco 10-325 three times daily, as well as "very small doses of Valium on an intermittent basis probably 0.2mg or 0.25mg - one to two pills a week." She also takes Ibuprofen 200mg to 400mg for pain. The provider states that her "PTSD issues....seem to be under pretty good control and she is not having acute panic or anxiety attacks." The provider indicates that "at some point," an attempt to reduce the dosage of Norco should be made, stating that she has "been on this dose for some time." No physical examination is included in the records. The 7-25-15 counselor record indicates that, in addition to the issues noted above, the injured worker is also dealing with stressful issues that are financial and marital in nature. The request for authorization (8-12-15) includes a refill of Norco 10-325, 1 tablet three times daily #90. The utilization review (8-18-15) indicates denial of the request, stating "in the clinical records provided, it is not clearly evident" that the key guideline criteria has been met.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #90: 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 for chronic pain, Opioids for neuropathic pain.

Decision rationale: Norco is a short acting opioid used for breakthrough pain. According to the MTUS guidelines, it is not indicated as 1st line therapy for neuropathic pain, and chronic back pain. It is not indicated for mechanical or compressive etiologies. It is recommended for a trial basis for short-term use. Long Term-use has not been supported by any trials. In this case, the claimant had been on Norco for several months without consistent measure of pain scores. There was no mention of Tylenol, or weaning failure. The continued use of Norco is not medically necessary.