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| Case Number: | CM15-0184059 | | |
| Date Assigned: | 09/24/2015 | Date of Injury: | 08/11/2013 |
| Decision Date: | 11/02/2015 | UR Denial Date: | 08/29/2015 |
| Priority: | Standard | Application Received: | 09/18/2015 |

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: Emergency 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 42 year old female injured worker suffered an industrial injury on 8-11-2013. The diagnoses included chronic left shoulder pain showing a partial thickness bursal surface tear of the tendon with mild tenderness and neuropathic pain, chronic lumbar pain with lumbar facet hypertrophy, cervical myofascial pain, and chronic thoracic myofascial pain. On 6-27-2015, the treating provider reported Norco was started as the Tramadol had potential interaction with the other medications and it was discontinued. On 7-28-2015 the provider reported neck, upper and lower back and left shoulder pain. The provider noted there was increased physical and psychosocial functioning as a result of the Norco. The provider noted there was no evidence of aberrant drug behavior and an opiate contract was in place. Diagnostics included the Pain Disability Index that revealed for 7-28-2015 the medication reduced the score from 9 to 5 and 6. The pain evaluation did not include evidence of specific pain levels with and without medication. The Utilization Review on 8-29-2015 determined modification for Norco 5/325mg #120 to #84.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #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, Opioids, long-term assessment.

Decision rationale: Norco is acetaminophen and hydrocodone, an opioid. Patient has chronically been on an opioid pain medication. As per MTUS Chronic pain guidelines, documentation requires appropriate documentation of analgesia, activity of daily living, adverse events and aberrant behavior. Patient was switched from tramadol to Norco on 6/27/15. While documentation meets criteria for documentation concerning claimed improvement in pain and functional status along with appropriate monitoring, there is a lack of a long term plan documented. Guidelines recommend short term use and a plan with opioid therapy. Provider has not documented any plan to wean patient or documented what the criteria and end goal is of opioid therapy. Due to lack of long-term plan, Norco request is not medically necessary.