

Case Number:	CM15-0184162		
Date Assigned:	09/24/2015	Date of Injury:	08/22/2001
Decision Date:	11/12/2015	UR Denial Date:	09/11/2015
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: Pennsylvania, Ohio, 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 52 year old female, who sustained an industrial injury on August 22, 2001. She reported back, hip and neck pain. The injured worker was diagnosed as having abnormality of gait, low back pain and joint pain. Treatment to date has included diagnostic studies, epidural injection (caused backache and headache), multiple trigger point injections (lasting for a few hours), chiropractic care for flare ups, back brace, medications and work restrictions. Currently, the injured worker continues to report right carpal tunnel syndrome versus ulnar pain, neck pain, left shoulder pain, mid and low back pain and left hip pain. The injured worker reported an industrial injury in 2001, resulting in the above noted pain. Evaluation on March 9, 2015, revealed continued pain as noted. She rated her pain at 9 on a 1-10 visual analog scale (VAS) with 10 being the worst. She noted her pain was 6 with the use of medications on the VAS scale. She noted the Norco barely touched the pain without Morphine. She noted she tried to get by on just Norco however reported gastrointestinal upset. It was noted she resumed Morphine and cut the Norco use by one-half. She reported increased spasms as well and Flexeril was increased. Evaluation on June 3, 2015, revealed continued pain. She rated her pain without Norco at 9 and with Norco at 8 on a VAS. She noted the Norco barely touched the pain without morphine. Evaluation on August 22, 2015, revealed continued pain rated at 9 on the VAS. The RFA included a request for Norco 10-325mg #135 - 5x #135 1RF and was non-certified on the utilization review (UR) on September 11, 2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10-325mg #135 - 5x #135 1RF: 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: MTUS discusses in detail the 4 A's of opioid management, emphasizing the importance of dose titration vs. functional improvement and documentation of objective, verifiable functional benefit to support an indication for ongoing opioid use. MTUS also discourages the use of chronic opioids for back pain due to probable lack of efficacy. Particularly considering the chronicity of this injury, the records in this case do not meet these 4 A's of opioid management and do not provide a rationale or diagnosis overall for which ongoing opioid use is supported. Therefore this request is not medically necessary.