

Case Number:	CM15-0186490		
Date Assigned:	09/28/2015	Date of Injury:	01/02/2004
Decision Date:	11/03/2015	UR Denial Date:	08/24/2015
Priority:	Standard	Application Received:	09/22/2015

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: New York, West Virginia, Pennsylvania
 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:

This 41-year-old female sustained an industrial injury on 6-22-12. Documentation indicated that the injured worker was receiving treatment for cervicgia and displacement of lumbar intervertebral disc. Recent treatment consisted of trigger point injections and medication management. In a re-examination report dated 4-6-15, the physician stated that he had attempted to return the injured worker to work without restrictions without success. The injured worker was approaching maximum medical improvement. The physician recommended a functional capacity evaluation. In a Pr-2 dated 5-21-15, the injured worker complained of pain to the thoraco-lumbar and cervical spine, rated 7 out of 10 on the visual analog scale. The injured worker reported having "significant" pain and tenderness to palpation to the lumbar spine and "extreme" pain to the cervical spine causing "severe" headaches. No objective findings were documented. The treatment plan included medications (Norco, Cyclobenzaprine, Voltaren and Protonic) and continuing heat and ice contrast therapy. In a PR-2 dated 8-20-15, the injured worker complained of cervical spine "soreness", a pinching sensation to the lumbar spine and weakness in the hands, rated 4 out of 10. The physician documented that x-rays of the spine showed loss of cervical and lumbar lordosis. No objective findings were documented. Documentation indicated that the injured worker had been prescribed Norco and Voltaren since at least 5-21-15. The treatment plan included requesting authorization for physical therapy, continuing heat and ice contrast therapy and prescriptions for Flector Patch, Cyclobenzaprine, Voltaren XR, Protonic, Norco, Orphenadrine, Gabapentin with Pyridoxine, Omeprazole with Flurbiprofen, Flurbi cream and Keratek gel. On 9-15-15, Utilization Review non-certified a request for Norco 10-325mg #60 and Voltaren 100mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #81: 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.

Decision rationale: The CA MTUS Chronic Pain Guidelines indicate that on-going management for the use of opioids should include the on-going review and documentation of pain relief, functional status, appropriate medication use, and side effects. There is insufficient evidence that the treating physician is prescribing opioids according to the guidelines. The pain assessment should include: current pain, the least reported pain over the period since the last assessment, average pain, intensity of pain after taking the opioid, how long it takes for pain relief, and how long the pain relief lasts. Ongoing management should reflect four domains of monitoring, including analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors. There is no evidence of significant pain relief or increased function from the opioids used to date. The MTUS recommends urine drug screens for patients with poor pain control and to help manage patients at risk of abuse. However, specific functional goals, random drug testing, and opioid contract were not discussed. Therefore, the request for Norco 10/325 mg #81 is not medically necessary.