

Case Number:	CM15-0190427		
Date Assigned:	10/02/2015	Date of Injury:	10/15/2014
Decision Date:	11/10/2015	UR Denial Date:	09/17/2015
Priority:	Standard	Application Received:	09/28/2015

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 35 year old female, who sustained an industrial injury on 10-15-2014. The medical records submitted for this review did not include the details regarding the initial injury. Diagnoses include neck pain, cervical disc protrusion with radiculopathy, low back pain, lumbar disc protrusion with radiculopathy, shoulder pain, and bilateral upper extremity pain with numbness, tingling, and weakness. Treatments to date include activity modification, over the counter NSAIDs, 24 physical therapy sessions, and cervical epidural steroid injection. Currently, she complained of ongoing total body pain including the neck, shoulder, bilateral wrists and hands, low back and knees associated with numbness and tingling. The provider documented a recent presentation to the Emergency Department (ED), date and complaints undocumented, and was provided medications including Norco and Valium. The injured worker was requesting this medication on evaluation. On 8-14-15, the physical examination documented decreased lumbar range of motion and tenderness L3 through the sacrum. The plan of care included prescriptions for Norco and Valium. The appeal requested authorization for Norco 10-325mg #120. The Utilization Review dated 9-17-15, denied this request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 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: The claimant sustained a work injury in October 2014 and is being treated for an overuse injury affecting the wrists. She also has low back and knee pain. As of 06/01/15, there had been 31 physical therapy treatments. When seen, she had complaints of continued pain throughout her entire body. She had been seen in an Emergency Room and Norco and Valium had been prescribed. She was continuing to take these and was requesting them. She was described as incapacitated. Physical examination findings included decreased and painful lumbar range of motion. Norco 10/325 #120 and Valium 10 mg #90 were prescribed. Norco (hydrocodone/acetaminophen) is a short acting combination opioid used for intermittent or breakthrough pain. In this case, it was being prescribed as part of the claimant's ongoing management. Although there were no identified issues of abuse or addiction and the total MED was less than 120 mg per day, there is no documentation that this medication had provided decreased pain through documentation of VAS pain scores or specific examples of how this medication had resulted in an increased level of function or improved quality of life. The claimant was taking this medication and remained incapacitated at the visit. Prescribing Norco was not medically necessary.