

Case Number:	CM15-0193592		
Date Assigned:	10/07/2015	Date of Injury:	05/11/2015
Decision Date:	11/16/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/01/2015

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 injured worker is a 55 year old female, who sustained an industrial injury on 5-11-15. She reported pain in the neck, back, left shoulder, left elbow, right hand, left hip, right knee, head, chest, abdomen, left ear, and face. Many of the medical reports are difficult to decipher. The injured worker was diagnosed as having cervical spine strain, thoracic spine strain, lumbar spine strain, left elbow strain, left hip strain, and right knee strain. Treatment to date has included injections and medication including Norco. The injured worker had been taking Norco since at least June 2015. On 9-18-15 neck pain was rated as "20" of 10, thoracic and lumbar 10 of 10, left hip 8-10 of 10, left elbow 5-10 of 10, and right knee 8 of 10. On 6-25-15, the injured worker complained of neck pain, low back pain, left shoulder pain, left elbow pain, right hand pain, left hip or thigh pain, and right knee pain. On 8-20-15, the treating physician requested authorization for Norco 10-325mg #60 and Lorazepam 0.5mg #30. On 9-18-15, the requests were non- certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, specific drug list.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain.

Decision rationale: The requested Norco 10/325mg #60 is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has neck pain, low back pain, left shoulder pain, left elbow pain, right hand pain, left hip or thigh pain, and right knee pain. The injured worker had been taking Norco since at least June 2015. On 9-18-15 neck pain was rated as "20" of 10, thoracic and lumbar 10 of 10, left hip 8-10 of 10, left elbow 5-10 of 10, and right knee 8 of 10. The treating physician has not documented objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 10/325mg #60 is not medically necessary.

Lorazepam 0.5mg #30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Benzodiazepines.

Decision rationale: CA MTUS Chronic Pain Treatment Guidelines, Benzodiazepines, Page 24, note that benzodiazepines are "Not recommended for long-term use because long-term efficacy is unproven and there is a risk of dependence." The injured worker has neck pain, low back pain, left shoulder pain, left elbow pain, right hand pain, left hip or thigh pain, and right knee pain. The injured worker had been taking Norco since at least June 2015. On 9-18-15 neck pain was rated as "20" of 10, thoracic and lumbar 10 of 10, left hip 8-10 of 10, left elbow 5-10 of 10, and right knee 8 of 10. The treating physician has not documented the medical indication for continued use of this benzodiazepine medication, nor objective evidence of derived functional benefit from its previous use. The criteria noted above not having been met, Lorazepam 0.5mg #30 is not medically necessary.