

Case Number:	CM15-0193704		
Date Assigned:	10/07/2015	Date of Injury:	11/05/2010
Decision Date:	11/18/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/02/2015

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: Preventive Medicine, Occupational 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 is a 59 year old male with a date of injury on 11-5-10. A review of the medical records indicates that the injured worker is undergoing treatment for neck, left shoulder and upper back pain. Progress report dated 8-24-15 reports continued complaints of neck and left upper extremity pain. The neck pain is constant, aching, and stabbing. The pain, tingling and numbness radiates down the bilateral arms to the hand, worse on the left and stops at the right elbow. The pain is rated 5-6 out of 10. He is taking norco 10-325 mg 3 times per day, MS Contin 15 mg twice per day and lyrica 75 mg twice per day. He reports with medication his pain is 2-3 out of 10 and 7 out of 10 without medications. According to the medical records he has been taking norco since at least April 2015. Treatment includes: medication, physical therapy (40 visits), chiropractic, injections, acupuncture, cervical fusion 7-23-15. Request for authorization dated 8-24-15 was made for Norco 10-325 mg quantity 90. Utilization review dated 10-02-15 modified the request to certify quantity 60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: Upheld

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

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

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed Norco and MS Contin since at least April 2015 without documentation of significant pain relief or objective functional improvement. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. The request for Norco 10/325mg #90 is not medically necessary.