

Case Number:	CM15-0195591		
Date Assigned:	10/09/2015	Date of Injury:	10/29/1998
Decision Date:	11/18/2015	UR Denial Date:	09/01/2015
Priority:	Standard	Application Received:	10/05/2015

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: 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 61 year old female, who sustained an industrial injury on October 29, 1998. The initial symptoms reported by the injured worker are unknown. The injured worker was diagnosed as having cervical pain, cervicogenic headache and headache-migraine. Treatment to date has included medication, ice, physical therapy with mild pain relief, acupuncture with mild pain relief, exercises with mild pain relief and a transcutaneous electrical nerve stimulation unit with mild pain relief. Trigger point injection provided her with moderate pain relief. Notes stated that she has been taking Norco medication since around 1998. She tried Flexeril medical but it made her "too dopey." On August 25, 2015, the injured worker complained of chronic ongoing pain in her neck, shoulder and right arm. Her neck pain was noted to radiate down to her right upper extremity. She also reported headaches. She rated her pain as a 3-5 on a 1-10 pain scale. At worst, her pain was rated a 7-8 on the pain scale. The treatment plan included trigger point injections to the cervical paravertebral muscles and right trapezius muscles, MRI scan of cervical spine, x-ray series of the cervical spine, Norco, Ambien, Baclofen and six physical therapy visits. On September 1, 2015, utilization review denied a request for Norco 10-325mg #60.

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 for chronic pain, Opioids, dosing, Opioids, specific drug list, Weaning of Medications. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in this case since 1998 in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 1998 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #60 is not medically necessary and appropriate.