

Case Number:	CM15-0195663		
Date Assigned:	10/09/2015	Date of Injury:	01/22/2007
Decision Date:	11/20/2015	UR Denial Date:	09/09/2015
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: Iowa, Illinois, California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, Public Health & General Preventive 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 39 year old female who sustained an industrial injury January 22, 2007. Past treatment included medication, physical therapy, chiropractic therapy, acupuncture treatment, home exercise program and an electrical stimulation unit. According to a medical legal report dated January 30, 2015, the diagnoses are cervical sprain, strain; lumbar spine sprain, strain; bilateral shoulder strain, carpal-cubital tunnel syndrome; lateral epicondylitis; DeQuervain's tenosynovitis. Current medication provided on a form dated August 3, 2015, included Voltaren, Neurontin, Norco (prescribed 07-11-2014, 08-08-2014, 11-21-2014, 01-05-2015, 01-30-2015 and -6-09-2015), Norflex, Zanaflex, Ultram, Lortab, and Voltaren-XR. A request for authorization dated August 3, 2015, requested Norco 7.5-325mg #90. There is no physical examination or progress report included from the treating physician for the date of service August 3, 2015. A toxicology report dated January 5, 2015 is present in the medical record. According to utilization review dated September 10, 2015, the request for Norco 7.5-325mg #90 is non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Pharmacy of purchase of Norco 7.5/325mg #90: Overturned

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 based on Non-MTUS Citation Official Disability Guidelines (ODG) Neck and Upper Back (Acute and Chronic), Low Back - Lumbar & Thoracic (Acute & Chronic), Opioids, Pain.

Decision rationale: ODG does not recommend the use of opioids for neck and low back pain "except for short use for severe cases, not to exceed 2 weeks." The patient has exceeded the 2 week recommended treatment length for opioid usage. MTUS does not discourage use of opioids past 2 weeks, but does state that "ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Pain assessment should include: current pain; the least reported pain over the period since last assessment; average pain; intensity of pain after taking the opioid; how long it takes for pain relief; and how long pain relief lasts. Satisfactory response to treatment may be indicated by the patient's decreased pain, increased level of function, or improved quality of life." The treating physician does document the least reported pain over the period since last assessment, intensity of pain after taking opioid, pain relief, increased level of function and improved quality of life. As such, the request for Pharmacy of purchase of Norco 7.5/325mg #90 is medically necessary.