

Case Number:	CM15-0195985		
Date Assigned:	10/09/2015	Date of Injury:	04/11/2008
Decision Date:	11/18/2015	UR Denial Date:	09/29/2015
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: Montana, Oregon, Idaho
 Certification(s)/Specialty: Orthopedic Surgery

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 59 year old female, who sustained an industrial injury on 4-11-08. The injured worker was diagnosed as having left shoulder pain, neck pain on the left side with radiating symptoms to the left arm and low back pain on the left side with radiating symptoms to the left leg posteriorly. Medical records (3-11-15 through 7-1-15) indicated 10 out of 10 pain without medications and 2-5 out of 10 pain with medications. The physical exam (3-11-15 through 7-1-15) revealed "limited" lumbar and cervical range of motion in all planes. As of the PR2 dated 8-24-15, the injured worker reports persistent pain in the bilateral shoulders. She rates her pain 10 out of 10 without medications and 2 out of 10 with medications. She is able to work 8 hours a day, 2 days a week with medications. Objective findings include a local twitch response with radiation of pain following the 2 trigger point injections received during the visit. Current medications include Fentanyl patch, Colace, Celexa, Miralax, Relafen and Norco (since at least 6-5-12). Treatment to date has included a cervical MRI on 8-28-08, a lumbar MRI on 10-13-10, chiropractic treatments, physical therapy, acupuncture and an EMG-NCS of the left upper extremity with normal results. The treating physician requested Norco 10-325mg #180 and Norco 10-325mg #180 DND until 10-20-15. The Utilization Review dated 9-29-15, modified the request for Norco 10-325mg #180 and Norco 10-325mg #180 DND until 10-20-15 to Norco 10-325mg #150 and Norco 10-325mg #150 DND until 10-20-15.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Overturned

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, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids. A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Opioids may be continued if the patient has returned to work and the patient has improved functioning and pain. Guidelines recommend 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 ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, page 80, opioids should be continued if the patient has returned to work and the patient has improved functioning and pain. It is recommended that dosing not exceed 120 mg oral morphine equivalents per day, and for patients taking more than one opioid, the morphine equivalent doses of the different opioids must be added together to determine the cumulative dose. Current studies suggest that the upper limit of normal for opioids prior to evaluation with a pain specialist for the need for possible continuation of treatment, escalation of dose, or possible weaning, is in a range from 120-180 mg morphine equivalents a day. Based upon the records reviewed there is sufficient evidence to support chronic use of narcotics. There is documented demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/24/15. The worker is documented to have progressively improving pain scores, has returned to modified work, has compliant UDS results and is under the care of a pain specialist managing her opioids. Therefore, the criteria in the guidelines have been met and the request is medically necessary.

Norco 10/325 mg #180 DND until 10/20/2015: Overturned

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, long-term assessment. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) pain.

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