

Case Number:	CM15-0198019		
Date Assigned:	10/13/2015	Date of Injury:	05/22/2001
Decision Date:	11/20/2015	UR Denial Date:	09/22/2015
Priority:	Standard	Application Received:	10/08/2015

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, Oregon, Washington
 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 female, who sustained an industrial injury on 5-22-2001. The injured worker was diagnosed as having left shoulder tendonitis, neck pain, lumbar degenerative disc disease, bilateral wrist pain, and left elbow pain. Treatment to date has included bilateral carpal tunnel release and medications. On 8-25-2015, the injured worker complains of continued neck and upper back pain, described as sharp, burning, and stabbing. She reported pain as unchanged since last visit, noting some days better than others. Her pain was generally rated 4-5 out of 10, 7-8 with any activities requiring upper extremity repetitive motion, and she reported that Norco reduced pain from 7 out of 10 to 1 out of 10. She reported that it suppressed her pain so she can tolerate activities of daily living, but pain was not long lasting. It was documented that she took the medication three times daily for "steady relief" and the medication helped her sleep throughout the night without having too much pain. In the next paragraph of the progress report, it was documented that she has difficulty sleeping throughout the night, and she reported that pain affected her financially as she was unable to return to work and socially as she no longer enjoyed going out with family or friends. Exam noted pain over the biceps tendon, both medial and lateral epicondyles, and over the median nerve at the wrist. An opioid agreement was not referenced and urine toxicology was not noted. CURES monitoring was not documented. The use of Norco was consistent since at least 4-01-2015 (earliest progress report provided). Per the Request for Authorization dated 9-15-2015, the treatment plan included continued Norco 10-325mg #240 (2 tabs four times daily), non-certified by utilization Review on 9-22-2015.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #240 , 2 PO QID: Upheld

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, Opioids, specific drug list.

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. Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, percentage of relief, demonstration of urine toxicology compliance or increase in activity from the exam note of 8/25/15. Therefore the determination is for not medically necessary.