

Case Number:	CM15-0199437		
Date Assigned:	10/14/2015	Date of Injury:	09/22/2012
Decision Date:	11/23/2015	UR Denial Date:	09/10/2015
Priority:	Standard	Application Received:	10/09/2015

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 47-year-old female, with a reported date of injury of 09-22-2012. The diagnoses include neck pain, left shoulder pain, thoracic pain, and lumbar pain. Treatments and evaluation to date have included Norco (since at least 12-2014), and Neurontin. The diagnostic studies to date have not been included in the medical records provided. The progress report dated 08-26-2015 indicates that the injured worker had ongoing neck, back, and shoulder pain. It was noted that she continued to do significantly well on the current medication regimen with no adverse side effects or aberrant behaviors. There was documentation (06-03-2015 to 08-26-2015) that Norco continued to bring the injured worker's pain level down from 10 out of 10 to 3 out of 10. The medication allowed her to be more active and functional according to the treating physician. It was noted that the injured worker was able to continue working full-time. The injured worker denied negative side effects. The treating physician noted that the injured worker "only gets her medications from us". The urine drug screen on 10-24-2014 was "negative for the Norco". A urine drug screen was done on 08-26-2015, which was also "showed negative". It was noted that the injured worker took Norco on the day of the visit, so it was unclear why the urine drug screen was negative. The plan was to send it out for a confirmatory test. The injured worker's average pain level (06-03-2015 to 08-26-2015) was noted as 7 out of 10, it would get as high as 10 out of 10, and the pain would come down to 3 out of 10 at best. It was noted that Norco took about 30 minutes to take the pain down and lasted for about 4 hours at a time. The objective findings were noted as "no significant change". The objective findings on 06-03-2015 included no acute distress, tenderness to palpation, and limited range of motion of the cervical

and lumbar spine. The treatment plan included two prescriptions for Norco. The injured worker's work status was indicated as continue current work. The treating physician requested Norco 5-325mg #60 (do not dispense until 10-26-2015) and Norco 5-325mg #60 (do not dispense until 09-26-2015). On 09-10-2015, Utilization Review (UR) non-certified the request for Norco 5-325mg #60 (do not dispense until 10-26-2015) and Norco 5-325mg #60 (do not dispense until 09-26-2015).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60 (dispensed on 9/26/15): Upheld

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

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 8/26/15. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.

Norco 5/325mg #60 (to be dispensed on 10/26/15): Upheld

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

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 8/26/15. Therefore, the determination is for non-certification. Therefore, the requested treatment is not medically necessary.