

Case Number:	CM15-0199736		
Date Assigned:	10/19/2015	Date of Injury:	10/07/2008
Decision Date:	11/30/2015	UR Denial Date:	09/29/2015
Priority:	Standard	Application Received:	10/12/2015

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 34 year old, female who sustained a work related injury on 10-7-08. A review of the medical records shows she is being treated for right shoulder, back and neck pain. In the progress notes dated 8-7-15 and 9-11-15, the injured worker reports pain and restricted motion in right shoulder. She reports low back pain and rates the pain level an 8 out of 10. She reports pain radiates down left leg. She reports neck pain that is relieved with medication. On physical exam dated 9-11-15, she has decreased lumbar range of motion. She has tenderness over the lumbar facet joints, right greater than left. She has positive straight leg raise with right leg. She has spasm and guarding of lumbar spine. Treatments have included right shoulder surgery 12-6-13, postoperative right shoulder physical therapy, and medications. Current medications include Ambien, Flector patches, Tizanidine, Neurontin, Norco, Compazine, and Lorazepam. She has taken the Norco since at least January 2015. It is noted that the Norco brings her pain level from 8-9 out of 10 to a 5 out of 10 with Norco use. She is better able to tolerate walking and standing, as well as move right arm better with the use of Norco. She is totally temporarily disabled. The treatment plan includes for refills of medications, a referral back to her psychologist and to finish physical therapy. The Request for Authorization dated 9-23-15 has requests for Ambien, Butalbital-caffeine-acetaminophen-codeine, Tizanidine and Norco. In the Utilization Review dated 9-29-15, the requested treatment of Norco 10-325mg. #90 is not medically necessary.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #90: 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. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain / Opioids for chronic pain.

Decision rationale: According to the CA MTUS/Chronic Pain Medical Treatment Guidelines, opioids (criteria for use): A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. The patient should have at least one physical and psychosocial assessment by the treating doctor (and a possible second opinion by a specialist) to assess whether a trial of opioids should occur. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals. 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 4 A's for Ongoing Monitoring include analgesia, activities of daily living, adverse side effects, and aberrant drug- taking behaviors. Opioids may be continued if the patient has returned to work and the patient has improved function/pain. The ODG-TWC pain section comments specifically on criteria for the use of drug screening for ongoing opioid treatment. The ODG (Pain / Opioids for chronic pain) states "According to a major NIH systematic review, there is insufficient evidence to support the effectiveness of long-term opioid therapy for improving chronic pain, but emerging data support a dose-dependent risk for serious harms." Based upon the records reviewed there is insufficient evidence to support chronic use of narcotics. There is lack of demonstrated functional improvement, demonstration of urine toxicology compliance, return to work, or increase in activity from the exam note of 8/7/15 and 9/11/15. Therefore the determination is for non-certification. The request is not medically necessary.