

Case Number:	CM15-0200309		
Date Assigned:	10/15/2015	Date of Injury:	08/18/2003
Decision Date:	12/01/2015	UR Denial Date:	10/02/2015
Priority:	Standard	Application Received:	10/13/2015

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, District of Columbia, Maryland
 Certification(s)/Specialty: Anesthesiology, Pain Management

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 56 year old female, who sustained an industrial injury on 8-18-03. Medical records indicate that the injured worker is undergoing treatment for cervical herniated nucleus pulposus, bilateral elbow lateral epicondylitis, bilateral de Quervain's syndrome, left shoulder impingement and status-post bilateral carpal tunnel syndrome. The injured worker was noted to be permanent and stationary-maximum medical improvement. On (9-15-15) the injured worker complained of constant neck pain radiating to both shoulders and bilateral shoulder pain, left greater than the right. The injured workers pain was rated 6-7 out of 10 without medications and 2-4 out of 10 with medications on the visual analogue scale. Examination of the cervical spine revealed a decreased range of motion. A Foraminal compression test and Spurling's test were positive. Tightness and spasm were noted over the trapezius, sternocleidomastoid and straps muscle right and left. Examination of the bilateral shoulders revealed a decreased range of motion. An impingement test was positive on the right. Tenderness was noted over the greater tuberosity of the left humerus. Treatment and evaluation to date has included medications, MRI of the cervical spine, comprehensive drug panel (8-18-15), transcutaneous electrical nerve stimulation unit and physical therapy. Current medications include Norco (since at least February of 2015), Voltaren XR, Prilosec, Gabapentin, Zolpidem and topical analgesics. The injured workers medications were noted to allow her to continue activities of daily living with less pain and stiffness. The current treatment request is for Norco 10-325 mg # 90. The Utilization Review documentation dated 10-2-15 modified the request to Norco 10-325 mg # 68 (original request # 90).

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg quantity 90: Upheld

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

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

Decision rationale: Per MTUS Chronic Pain Medical Treatment Guidelines p78 regarding ongoing management of opioids "Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: Pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non-adherent) drug related behaviors. These domains have been summarized as the '4 A's' (Analgesia, activities of daily living, adverse side effects, and any aberrant drug-taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework for documentation of the clinical use of these controlled drugs." Per progress report dated 9/15/15, it was noted that medications brought the injured worker's pain intensity from 6-7/10 on average down to 2-4/10 and allowed her to continue ADLs with less pain and stiffness. She stated that without medications she would not be able to function or move due to increased pain intensity. However, efforts to rule out aberrant behavior (e.g. CURES report, UDS, opiate agreement) are necessary to assure safe usage and establish medical necessity. There is no documentation comprehensively addressing this concern in the records available for my review. Absent documentation assuring appropriate usage, medical necessity cannot be affirmed. Therefore, the request is not medically necessary.