

Case Number:	CM15-0200421		
Date Assigned:	10/15/2015	Date of Injury:	03/22/2012
Decision Date:	12/01/2015	UR Denial Date:	09/15/2015
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: Pennsylvania
 Certification(s)/Specialty: Family Practice

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 52 year old female, who sustained an industrial injury on 3-22-2012. A review of the medical records indicates that the injured worker is undergoing treatment for cervical spine disc disease, cervical spine radiculopathy, cervical facet syndrome, right shoulder impingement, lumbar spine disc disease, lumbar spine radiculopathy, lumbar spine facet syndrome, right sacroiliac joint facet arthropathy, status post open reduction internal fixation of the right foot, and right lower extremity Complex Regional Pain Syndrome (CRPS). On 8-20-2015, the injured worker reported neck, back, right shoulder, and bilateral leg pain, rated 8 out of 10 on the pain scale, unchanged since her 6-18-2015 visit. The Interventional Pain Management Physician's report dated 8-20-2015, noted the injured worker reported the medications were helping her pain, tolerating them well, denying any negative side effects from the medication. The physical examination was noted to show the injured worker with an antalgic gait on the right, decreased cervical lordosis, and tenderness, spasm, and guarding over the cervical paraspinous muscles extending on the right trapezius. Diffuse tenderness and spasm were noted over the lumbar paraspinous muscles with mild facet tenderness at L4 through S1 levels. The injured worker was noted to have developed pulmonary blood clots as a result of lying in bed for an extended period of time. Prior treatments have included chiropractic treatments, bone stimulator, right mid foot fusion, and psychotherapy. The treatment plan was noted to include refills of Norco, Flexeril, Prozac, Gabapentin, and Xanax, and random urine drug screening, with an inconsistent urine drug screen from 6-18-2015 which as positive for Norco, Xanax, Gabapentin, and Prozac with the injured worker noting only using Xanax on an as needed basis.

A urine drug screen from 4-16-2015 was noted to be inconsistent, showing positive for Morphine. The injured worker was noted to be at high risk for narcotic abuse, misuse, and dependency according to her opioid risk assessment, with a history of anxiety and depression, and the Physician noting to monitor her closely. The request for authorization dated 9-10-2015, requested Norco 10-325mg #120 (1 tab by mouth every 4-6 hours 30 day supply). The Utilization Review (UR) dated 9-15-2015, modified the request for Norco 10-325mg #120 (1 tab by mouth every 4-6 hours 30 day supply) to certify one refill of Norco 10-325mg #120 for the purpose of weaning to discontinue, with a reduction of MED by 10%-20% per week over a weaning period of 2-3 months.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120 (1 tab by mouth every 4-6 hours 30 day supply): Upheld

Claims Administrator guideline: Decision based on MTUS General Approaches 2004, Section(s): Initial Approaches to Treatment, and Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids for neuropathic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Opioids.

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

Decision rationale: According to the guidelines, determination for the use of opioids should not focus solely on pain severity but should include the evaluation of a wide range of outcomes including measures of functioning, appropriate medication use, and side effects. The guidelines state that measures of pain assessment that allow for evaluation of the efficacy of opioids and whether their use should be maintained include the following: 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 last. The criteria for long term use of opioids (6-months or more) includes among other items, documentation of pain at each visit and functional improvement compared to baseline using a numerical or validated instrument every 6 months. Opioids should be continued if the patient has returned to work and if there is improved functioning and pain. In this case, there was no documentation of any improvement in function nor any measured improvement in pain. Statements such as "helping pain" are not adequate measures of response to opioid treatment to justify the continued use of opioids. Therefore, the request is not medically necessary.