

Case Number:	CM15-0200680		
Date Assigned:	10/15/2015	Date of Injury:	02/13/2008
Decision Date:	11/25/2015	UR Denial Date:	09/17/2015
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

Certification(s)/Specialty: Emergency Medicine

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 44 year old female who sustained an industrial injury on 02-13-2008. According to a progress report dated 07-01-2015, the injured worker reported right shoulder pain rated 8 on a scale of 1-10. Left shoulder pain was rated 8. She had tried chiropractic treatment x 24, acupuncture x 24 and physical therapy x 48. Cervical spine pain was rated 8. Lumbar spine pain was rated 8 and radiated to the bilateral lower extremities to the feet. Medications decreased pain. Functional change since the last examination was marked as "slower than expected". Previous and current walking was the same at ½ mile. Sitting was increased to 30-60 minutes from 15-30 minutes. Lifting and carrying remained the same and 5-10 pounds. Diagnoses included lumbar spine strain sprain, disc protrusion, bilateral lower extremity radiculopathy, cervical spine strain sprain, left knee degen., right knee possible MMT, right shoulder RC tendinopathy ACOA and bursitis and left shoulder strain sprain. Medications prescribed included Norco and topical analgesic cream. According to a report dated 09-01-2015, review of systems was positive for constipation, stress, jaw pain, dry mouth, anxiety and sleep disturbance. She exhibited difficulty with rising from sitting. An antalgic gait was noted. She moved about with stiffness. Medication compliance was marked "as prescribed". Medications were helping with pain and gastritis. Authorization was requested for Naproxen, Prilosec, topical analgesic cream and Norco. Work status included modified duties. Documentation shows that Norco was prescribed on 05-20-2015 and 07-01-2015. Urine toxicology reports were not submitted for review. On 09-17-2015, Utilization Review modified the request for Norco 5-325 mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg #60: Upheld

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

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

Decision rationale: The requested Norco 5/325mg #60, is not medically necessary. CA MTUS Chronic Pain Treatment Guidelines, Opioids, On-Going Management, Pages 78-80, Opioids for Chronic Pain, Pages 80-82, recommend continued use of this opiate for the treatment of moderate to severe pain, with documented objective evidence of derived functional benefit, as well as documented opiate surveillance measures. The injured worker has constipation, stress, jaw pain, dry mouth, anxiety and sleep disturbance. She exhibited difficulty with rising from sitting. An antalgic gait was noted. She moved about with stiffness. Medication compliance was marked "as prescribed". Medications were helping with pain and gastritis. Authorization was requested for Naproxen, Prilosec, topical analgesic cream and Norco. Work status included modified duties. Documentation shows that Norco was prescribed on 05-20-2015 and 07-01-2015. The treating physician has not documented VAS pain quantification with and without medications, objective evidence of derived functional benefit such as improvements in activities of daily living or reduced work restrictions or decreased reliance on medical intervention, nor measures of opiate surveillance including an executed narcotic pain contract or urine drug screening. The criteria noted above not having been met, Norco 5/325mg #60 is not medically necessary.