

Case Number:	CM15-0200941		
Date Assigned:	10/16/2015	Date of Injury:	06/22/2003
Decision Date:	11/24/2015	UR Denial Date:	10/08/2015
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, 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 66 year old female, who sustained an industrial injury on 06-22-2003. She has reported injury to the lumbar spine and lower extremities. The diagnoses have included complex regional pain syndrome, lumbar spine; chronic pain syndrome; and De Quervain's, foot pain. Treatment to date has included medications and diagnostics. Medications have included Norco and Naprosyn. A report from the treating physician, dated 08-25-2015, documented an evaluation with the injured worker. The injured worker reported lumbar spine pain rated at 8-10 out of 10 in intensity; pain in the leg, foot, rated at 9 out of 10 in intensity; medications include Naprosyn and Norco; and she is receiving home health services six hours per day, five days a week for 12 weeks. Objective findings included antalgic; right greater than left painful feet; coolish foot; negative Homan's; right shin tenderness to palpation over swelling; tenderness to palpation lumbar spine; varicosities; and positive Bracelet sign, left greater than right. The treatment plan has included the request for Norco 10-325mg #180. The original utilization review, dated 10-08-2015, modified the request for Norco 10-325mg #180, to Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325 mg #180: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

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 8/25/15. Therefore the determination is for non-certification. Therefore, the requested treatment is not medically necessary.