

Case Number:	CM15-0203401		
Date Assigned:	10/20/2015	Date of Injury:	01/20/1998
Decision Date:	12/01/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/15/2015

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: North Carolina

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 54 year old female, who sustained an industrial injury on 1-20-1998. A review of the medical records indicates that the injured worker is undergoing treatment for industrial based left cervical, left shoulder, and left upper extremity pain improved with the use of Lyrica augmenting Norco. On 9-21-2015, the injured worker reported constant left sided neck pain-shoulder pain-upper extremity pain, with average pain in the last week rated 3 on a scale of 0 to 10, with the worst pain rated 5, and sleep disturbance from pain rated 5-6. The Treating Physician's report dated 9-21-2015, noted the injured worker was seen for left sided cervical pain radiating through the left upper extremity and terminating through the thumb and thenar aspect as well as spread through the left shoulder region along the medial scapular border with termination through the lower wing of the shoulder blade. The injured worker was noted to have severe and worsening left knee pain. The injured worker's current medications were noted to include Norco, prescribed since at least 11-13-2014, which was noted to allow the injured worker to work within the home, and without the Norco augmented by Lyrica for neuropathic modulation, the injured worker reported she would be bedridden. The injured worker was also noted to be taking Trazadone and Inderal. The physical examination was noted to show the injured worker quite limited with truncal range of motion (ROM) throughout all planes of movement as well as cervical range of motion (ROM), with marked subjective tenderness along the left suboccipital region of the skull, the proximal left aspect as well, the left trapezius, left levator scapulae, left chest wall, left medial scapular border, and through the left triceps and in particular biceps brachia. Prior treatments have included physical therapy, epidural steroid

injection (ESI), facet blocks, and decompression of left ulnar nerve. The treatment plan was noted to include a signed opioid agreement, and a urine drug screen (UDS) for compliance. The urine drug screen (UDS) dated 9-23-2015, was noted to be consistent with the medications prescribed. The request for authorization was noted to have requested Norco 10-325mg #120. The Utilization Review (UR) dated 10-7-2015, modified the request for Norco 10-325mg #120 to certify Norco 10-325mg #60 with the remaining #60 non-certified.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg, #120: Upheld

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

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

Decision rationale: When to Continue Opioids: (a) If the patient has returned to work; (b) If the patient has improved functioning and pain. (Washington, 2002) (Colorado, 2002) (Ontario, 2000) (VA/DoD, 2003) (Maddox-AAPM/APS, 1997) (Wisconsin, 2004) (Warfield, 2004) The long-term use of this medication class is not recommended per the California MTUS unless there documented evidence of benefit with measurable outcome measures and improvement in function. There is no documented significant decrease in objective pain measures such as VAS scores for significant periods of time. There are no objective measures of improvement of function or how the medication improves activities. The work status is not mentioned. Therefore all criteria for the ongoing use of opioids have not been met and the request is not medically necessary.