

Case Number:	CM15-0203415		
Date Assigned:	10/20/2015	Date of Injury:	08/05/2012
Decision Date:	12/09/2015	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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation

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 34 year old male, who sustained an industrial injury on 08-05-2012. He has reported injury to the head, neck, and right shoulder. The diagnoses have included headaches; cervicgia; right shoulder pain; anxiety; and rule out obstructive sleep apnea. Treatment to date has included medication, diagnostics, activity modification, CPAP (continuous positive airway pressure), and Botox injections. Medications have included Norco, Prozac, Xanax, and Omeprazole. A progress note from the treating physician, dated 07-08-2015, documented a follow-up visit with the injured worker. The injured worker reported numbness, tingling, spasm, and cramping in hands; insomnia with increased snoring; difficulty maintaining seal with wisp mask; he has tried part time work, but his arm hurts too much; things go "dark" three times a week for "3 seconds"; increased right shoulder pain; the Botox stopped headaches completely for a month and a half until 08-01-2014, when headaches returned; he blacked out twice this month with loss of vision and tinnitus for approximately 10-30 seconds; increased depression; and he drove to appointment. Objective findings included multiple facial and trapezius spasms; history of Tourette syndrome; decreased range of motion to the right shoulder; cervical spine pain; positive Tinel's and Phalen's in the bilateral wrists; bilateral to moderate carpal tunnel syndrome on Palmar sensory Stimulation test on 01-13-2015; total pain severity: 17.5; activity limitation: 5.4; and effect of pain on mood: 9. The treatment plan has included the request for Norco 10-325mg #120. The original utilization review, dated 10-07-2015, modified the request for Norco 10-325mg #120, to Norco 10-325mg #51.

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.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the previous request for Norco was modified for weaning as is the current request again modified. The MTUS Guidelines cite opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial. Patients on opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Submitted documents show no evidence that the treating physician is prescribing opioids in accordance to change in pain relief, functional goals with demonstrated improvement in daily activities, decreased in medical utilization or change in functional status. There is no evidence presented of random drug testing results or utilization of pain contract to adequately monitor for narcotic safety, efficacy, and compliance. The MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported. From the submitted reports, there is no demonstrated evidence of specific functional benefit derived from the continuing use of opioids in terms of decreased pharmacological dosing, decreased medical utilization, increased ADLs and functional work status with persistent severe pain for this chronic 2012 injury without acute flare, new injury, or progressive neurological deterioration. The Norco 10/325mg #120 is not medically necessary and appropriate.