

Case Number:	CM15-0204065		
Date Assigned:	10/20/2015	Date of Injury:	08/26/2003
Decision Date:	12/02/2015	UR Denial Date:	09/18/2015
Priority:	Standard	Application Received:	10/16/2015

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, South Carolina

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine, 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 59 year old female who sustained an industrial injury on 8-26-03. A review of the medical records indicates she is undergoing treatment for right shoulder tendinitis and impingement syndrome, left shoulder tendinitis and impingement syndrome, carpal tunnel syndrome, cervical spine disk herniation and degeneration, lumbar spine disk herniation at L4-L5 and L5-S1 levels, and myoligamentous sprain and strain of the left knee with internal derangement. Medical records (7-22-15) indicate complaints of neck pain with radicular symptoms into the right and left arm. She also complains of lower back pain with radicular symptoms into the right and left leg, as well as "increased" cramping in her legs. The physical exam reveals diminished range of motion in the cervical spine, as well as tightness and spasm in the trapezius, sternocleidomastoid, and straps muscles bilaterally. Spurling's and foraminal compression tests are positive. Lumbar spine range of motion is noted to be diminished with tightness and spasm in the lumbar paraspinal musculature bilaterally. The straight leg raise is noted to be "+75 degrees" bilaterally. Treatment recommendations include aqua therapy, an interferential unit, a heating pad, stretching exercises, and a refill of medications. She is noted to be prescribed Norco. The Utilization Review (9-18-15) includes a request for authorization of Norco 10-325mg, one every 4-6 hours for severe pain #120. The request was 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 tablet #120, one every 4-6 hours for severe pain: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids (Classification), Opioids, California Controlled Substance Utilization Review and Evaluation System (CURES) [DWC], Opioids, criteria for use, Opioids for chronic pain, Opioids for neuropathic pain.

Decision rationale: The cited CA MTUS guidelines recommend short acting opioids, such as Norco (hydrocodone), for the control of chronic pain, and may be used for neuropathic pain that has not responded to first-line medications. The MTUS also states there should be documentation of the 4 As, which includes analgesia, adverse side effects, aberrant drug taking behaviors, and activities of daily living. The injured worker's record from 9-18-15, did not include documentation of the pain with and without medication, pain contract on file, no significant adverse effects or aberrant behavior, history of urine drug testing, objective functional improvement, and performance of necessary activities of daily living. Appropriate follow-up should be performed and weaning of opioids should be routinely reassessed and initiated as soon as indicated by the treatment guidelines. Based on the limited available medical information, Norco 10/325mg tablet #120, one every 4-6 hours for severe pain, is not medically necessary and appropriate for ongoing pain management.