

Case Number:	CM15-0204757		
Date Assigned:	10/21/2015	Date of Injury:	12/31/1997
Decision Date:	12/02/2015	UR Denial Date:	09/16/2015
Priority:	Standard	Application Received:	10/19/2015

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 58-year-old female, who sustained an industrial injury on 12-31-97. The injured worker was being treated for cervical radiculopathy, muscle spasm, fibromyalgia and lumbar failed back syndrome. On 6-4-15 and 9-4-15, the injured worker complains of neck and back pain; she notes trigger point injections and medications continue to take the edge off pain by over 60%. She rates the pain 2-3 out of 10 with medications. Documentation does not include pain level prior to pain medications, duration of pain relief or improved function due to use of medications. She works part time. Physical exam performed on 6-4-15 and 9-4-15 revealed pain with range of motion of cervical spine and paraspinous tenderness. Treatment to date has included trigger point injections, oral medications including Norco 10-325mg (since at least 3-27-15), Kadian 20mg and Ambien 12.5mg; physical therapy, home exercise program and activity modifications. On 9-8-15 request for authorization was submitted for Norco 10-325mg #120. On 9-16-15 request for Norco 10-325mg #120 was modified to #100.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10 MG 325 MG #120: 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 California MTUS states: 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 improvement in VAS scores for significant periods of time. There are no objective measurements of improvement in function or activity specifically due to the medication. Therefore, not all criteria for the ongoing use of opioids have been met and the request is not medically necessary.