

Case Number:	CM15-0207855		
Date Assigned:	10/27/2015	Date of Injury:	06/11/2013
Decision Date:	12/08/2015	UR Denial Date:	09/30/2015
Priority:	Standard	Application Received:	10/22/2015

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: New Jersey

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 37 year old female, who sustained an industrial injury on 6-11-2013. The injured worker is undergoing treatment for: neck and low back pain with bilateral upper extremity radicular symptoms, and left knee pain. On 8-25-15, she reported continued pain to the neck, low back, left knee and left ankle. She indicated she had decreased her Norco dose after experiencing decreased pain. Objective findings revealed tenderness in the cervicothoracic junction, trapezius areas and between the shoulder blades. On 9-23-15, she reported pain to the neck, back, left knee and left ankle. She is noted to have been last seen by this provider on 8-25-15. Objective findings noted magnetic resonance imaging of the lumbar (8-31-15) results of degenerative disc disease and annular tear and electrodiagnostic study of the bilateral upper extremities (9-3-15) results of a negative study. The treatment and diagnostic testing to date has included: medications, magnetic resonance imaging of the lumbar spine (8-31-15), electrodiagnostic studies of the bilateral upper extremities (9-3-15), left knee surgery (October 2013). Medications have included: Norco. The records indicated she has been utilizing Norco since at least April 2015. There is no discussion of aberrant behaviors, adverse side effects, her current pain level, pain reduction or duration of pain relief with the use of Norco. Current work status: working 6 hour days. The request for authorization is for: Norco 10-325mg quantity 60. The UR dated 9-30-2015: modified certification of Norco 10-325mg quantity 45.

IMR ISSUES, DECISIONS AND RATIONALES

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

Retrospective Norco 10/325 mg #60 (DOS: 08/25/15): 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, long-term assessment.

Decision rationale: The MTUS Chronic Pain Medical Treatment Guidelines state that opioids may be considered for moderate to severe chronic pain as a secondary treatment, but require that for continued opioid use, there is to be ongoing review and documentation of pain relief, functional status, appropriate medication use with implementation of a signed opioid contract, drug screening (when appropriate), review of non-opioid means of pain control, using the lowest possible dose, making sure prescriptions are from a single practitioner and pharmacy, and side effects, as well as consultation with pain specialist if after 3 months unsuccessful with opioid use, all in order to improve function as criteria necessary to support the medical necessity of opioids. Long-term use and continuation of opioids requires this comprehensive review with documentation to justify continuation. Upon review of the documents provided for this case, it appears that the worker had been using Norco, albeit less than previously due to some improvement in pain. She used Norco as needed up to twice daily. However, there was no clear record to show the above full review regarding her opioid use was completed recently. There was no measurable pain level reduction or functional gains stated in the notes, which is required in order to justify its continuation. Therefore, the Norco will be regarded as medically unnecessary until this is provided. Weaning may be indicated.