

Case Number:	CM15-0209833		
Date Assigned:	10/28/2015	Date of Injury:	05/09/2007
Decision Date:	12/10/2015	UR Denial Date:	10/07/2015
Priority:	Standard	Application Received:	10/26/2015

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: Preventive Medicine, Occupational Medicine

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 68-year-old female, with a reported date of injury of 05-09-2007. The diagnoses include rotator cuff rupture, lumbosacral neuritis, and fibromyalgia. The progress report dated 09-30-2015 indicates that the injured worker's overall feeling was worse; her left shoulder was worsening. The pain was located in the thoracic spine, lumbar spine, right shoulder, left shoulder, right knee which was rated 8-9 out of 10, and left knee. It was also noted that the injured worker had stress, anxiety, and depression. The objective findings include a limp favoring the right leg; severe pain with abduction of the right hip; and tenderness of the thoracic spine, lumbar spine, bilateral shoulders, and bilateral knees. The injured worker had permanent restrictions and was deemed permanent and stationary. It was noted that the injured worker's functioning with the current pain medications was better since the last assessment. Her pain level on average in the past week was rated 7 out of 10, and her pain level at its worst during the past week was 9 out of 10. It was noted that a pain contract was in the chart, the CURES report was current; and an Opioid Risk Tool was in the chart. On 09-02-2015, the injured worker's average pain level during the past week as rated 7-8 out of 10; and her pain at its worst during the past week was rated 8 out of 10. On 09-02-2015 and 09-30-2015 it was noted that during the past week, the injured worker's pain had been relieved 85-90% with medication. The diagnostic studies to date have included a urine drug screen on 06-04-2014; a urine drug screen on 02-12-2015 with consistent findings for hydrocodone-acetaminophen; and electrodiagnostic studies on 05-13-2015 which was suggestive of facet syndrome. Treatments and evaluation to date have included Norco (since at least 03-2015), Gabapentin, Soma, and Ambien. The request for

authorization was dated 09-02-2015. The treating physician requested Norco 10-325mg #90. On 10-07-2015, Utilization Review (UR) non-certified the request for Norco 10-325mg #90.

IMR ISSUES, DECISIONS AND RATIONALES

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

1 prescription of Norco 10/325mg #90: 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 for chronic pain, Weaning of Medications.

Decision rationale: The MTUS Guidelines do not recommend the use of opioid pain medications, in general, for the management of chronic pain. There is guidance for the rare instance where opioids are needed in maintenance therapy, but the emphasis should remain on non-opioid pain medications and active therapy. Long-term use may be appropriate if the patient is showing measurable functional improvement and reduction in pain in the absence of non-compliance. Functional improvement is defined by either significant improvement in activities of daily living or a reduction in work restriction as measured during the history and physical exam. In this case, the injured worker has been prescribed opioids since at least June-2014. There has not been consistent objective evidence of pain relief or functional improvement with the use of Norco. Additionally, there have been inconsistent urine drug screen results, including the use of illicit drugs. Furthermore, this medication was previously recommended for weaning purposes only. It is not recommended to discontinue opioid treatment abruptly, as weaning of medications is necessary to avoid withdrawal symptoms when opioids have been used chronically. This request however is not for a weaning treatment, but to continue treatment. It is not medically necessary.