MAXIMUS Federal Services

Case Number:	CM15-0021010		
Date Assigned:	02/10/2015	Date of Injury:	09/30/2010
Decision Date:	03/26/2015	UR Denial Date:	01/07/2015
Priority:	Standard	Application Received:	02/03/2015

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 52 year old female with an industrial injury dated September 30, 2010. The injured worker diagnoses include cervical radiculitis, cervical sprain/strain, lumbar disc degeneration, chronic pain, lumbar radiculopathy, right shoulder pain, myositis/myalgia, osteoarthritis; status post left knee arthroscopy x2, and status post vaginal bleeding from steroid epidural. She has been treated with diagnostic studies, radiographic imaging, prescribed medications and periodic follow up visits. According to the progress note dated 11/19/2014, the injured worker reported neck pain, low back pain, and upper and lower extremity pain. Physical exam revealed spasm in the paraspinous musculature, moderate to severely limited lumbar range of motion, increased pain with flexion and extension and decreased sensory in L4-L5 dermatome. There was tenderness to palpitation in the upper extremity with decrease range of motion of the right hand, decreased strength in C5-7 dermatome, decreased grip strength on the right and hypersensitivity present in the right upper extremity. Documentation also noted tenderness to palpitation in the bilateral knees. The treating physician prescribed Norco 5/325mg. Utilization Review determination on January 7, 2015 denied the request for Norco 5/325mg, citing MTUS, ACOEM Guidelines.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5/325mg: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids. Decision based on Non-MTUS Citation ACOEM Chapter 6 Pain, Suffering, and the Restoration of Function

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 78-96.

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. In the case of this worker, there was insufficient evidence to suggest this entire review was completed at the time of this request, particularly the report of the worker's function (measurable, specific) and pain reduction directly related to the regular use of Norco. Also, the request did not include any number of pills, which is required. Therefore, the Norco will be considered medically unnecessary. Weaning may be necessary.