

Case Number:	CM15-0218228		
Date Assigned:	11/10/2015	Date of Injury:	01/02/2006
Decision Date:	12/21/2015	UR Denial Date:	10/30/2015
Priority:	Standard	Application Received:	11/05/2015

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: Physical Medicine & Rehabilitation

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 41 year old female, who sustained an industrial injury on 1-02-2006. The injured worker was being treated for cervical discogenic pain, left shoulder calcific tendinitis, pain in pelvis-thigh joint, sacroiliac joint dysfunction, migraine, left shoulder impingement syndrome, and cervical myofascial pain syndrome. Treatment to date has included diagnostics, transcutaneous electrical nerve stimulation unit, and medications. On 10-14-2015, the injured worker complains of persistent left shoulder pain with limited range of motion, "stable with medication." She reported using 5 Norco per day to maintain function and activities of daily living since at least 5-06-2015. Pain was rated 3 out of 10 on a good day and 8 out of 10 on a bad day (unchanged from previous exam). Medications included Norco, Lexapro, Imitrex, and Voltaren gel. Exam noted left paracervical tenderness, mild bilateral lower thoracic tenderness and spasm, tenderness at the bilateral lumbosacral junction, and left lumbar spasm. Work status was permanent and stationary and she was working full time. Urine toxicology (7-2015, 9-2015) was positive for opiates. CURES was "reviewed routinely" per the progress report 7-22-2015. On 10-30-2015, Utilization Review modified a request for Norco 10-325mg #150 to Norco 10-325mg #60.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #150: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids for chronic pain.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids, criteria for use, Opioids, cancer pain vs. nonmalignant pain, Opioids, long-term assessment.

Decision rationale: Review indicates the request for Norco was modified. Submitted documents show the patient's with continued chronic symptoms, but is able to be functional and work. Per the MTUS Guidelines cited, opioid use in the setting of chronic, non-malignant, or neuropathic pain is controversial and opioids should be routinely monitored for signs of impairment and use of opioids in patients with chronic pain should be reserved for those with improved functional outcomes attributable to their use, in the context of an overall approach to pain management that also includes non-opioid analgesics, adjuvant therapies, psychological support, and active treatments (e.g., exercise). Additionally, MTUS provides requirements of the treating physician to assess and document for functional improvement with treatment intervention and maintenance of function that would otherwise deteriorate if not supported; however, the patient has persistent significant pain despite ongoing opioids without deterioration from modified treatment request. From the submitted reports, there are no red-flag conditions, new injury, or indication that an attempt to taper or wean from the long-term use of the opiate has been trialed for this chronic 2006 injury. The Norco 10/325mg #150 is not medically necessary or appropriate.