

Case Number:	CM15-0218837		
Date Assigned:	11/10/2015	Date of Injury:	11/23/2010
Decision Date:	12/21/2015	UR Denial Date:	10/21/2015
Priority:	Standard	Application Received:	11/06/2015

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, Indiana, New York
 Certification(s)/Specialty: Internal 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 37 year old male, who sustained an industrial injury on 11-23-2010. The injured worker was diagnosed as having chronic pain syndrome, neuralgia, neuritis, and radiculitis, unspecified, depressive disorder, not elsewhere classified, disturbance of skin sensation, myalgia and myositis, unspecified, pain in limb, and dysthymic disorder. Treatment to date has included diagnostics, acupuncture, H wave, bracing, and medications. On 10-12-2015, the injured worker complains of right leg pain, described as a "burning, stabbing, aching type pain with pins and needles along medial aspect of his right thigh". Pain was rated 4-5 out of 10 with medication use and 5-6 out of 10 without, "unchanged since his last appointment". He reported that medications allowed him to increase function and complete activities of daily living. He was not working. A review of symptoms was positive for anxiety. Lower extremity exam noted strength 5- out of 5 in the right and sensation slightly diminished with allodynia in the right inner thigh (over scar). Medication use included Norco, Flexeril, and Colace. The use of Norco was noted since at least 4-2014. Urine toxicology (5-2015 and 7-2015) was documented as consistent with prescribed medication. On 10-21-2015 Utilization Review non-certified a request for Norco 10-325mg #120.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #120: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Chronic pain - Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Opioids for chronic pain. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Pain section, Opioids.

Decision rationale: Pursuant to the Chronic Pain Medical Treatment Guidelines and the Official Disability Guidelines, Norco 10/325mg #120 is not medically necessary. Ongoing, chronic opiate use requires an ongoing review and documentation of pain relief, functional status, appropriate medication use and side effects. A detailed pain assessment should accompany ongoing opiate use. Satisfactory response to treatment may be indicated patient's decreased pain, increased level of function or improve quality of life. The lowest possible dose should be prescribed to improve pain and function. Discontinuation of long-term opiates is recommended in patients with no overall improvement in function, continuing pain with evidence of intolerable adverse effects or a decrease in functioning. The guidelines state the treatment for neuropathic pain is often discouraged because of the concern about ineffectiveness. In this case, the injured worker's working diagnoses are chronic pain syndrome; neuralgia, neuritis and radiculitis unspecified; depressive disorder; disturbance of skin sensation; myalgia and myositis, unspecified; pain in limb; and dysthymic disorder. Date of injury is November 23 2010. Request for authorization is October 14, 2015. According to an April 16, 2014 progress note, the treating provider prescribed Norco 10/325mg 3 to 4 tablets per day. Pain score was 6/10. According to an October 12, 2015 progress note, the injured worker subjectively complains of right upper leg pain. Medications include ongoing Norco 10/325mg, 3-4 tablets per day with an ongoing pain scale a 5/10. Objectively, there is atrophy in the affected extremity with normal range of motion. The neurologic examination is unremarkable. The injured worker ambulates with an antalgic gait. There is no documentation demonstrating objective functional improvement to support ongoing Norco. There are no detailed pain assessments or risk assessments. There is no documentation indicating an attempt at weaning Norco. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation demonstrating objective functional improvement, no change in the pain scores from October 2014 through October 2015 and no detail pain assessments or risk assessments, Norco 10/325mg #120 is not medically necessary.