

Case Number:	CM15-0222817		
Date Assigned:	11/18/2015	Date of Injury:	12/03/2013
Decision Date:	12/30/2015	UR Denial Date:	10/22/2015
Priority:	Standard	Application Received:	11/12/2015

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:

This is a 60 year old female with a date of injury on 12-3-13. A review of the medical records indicates that the injured worker is undergoing treatment for neck, upper and lower back and ankle pain. Progress report dated 9-24-15 reports continued complaints of neck pain that radiates to the left shoulder. She has ongoing upper back pain that is aggravated with movement. The lower back pain is constant and painful with movement and increases with prolonged walking, sitting, and doing house chores. Objective findings: cervical, thoracic and lumbar spine tender to palpation, right ankle and left knee tender to palpation. Treatments include: medication, physical therapy, TENS, acupuncture, cognitive behavioral treatment and injections. Request for authorization was made for Norco 5 mg quantity 60. Utilization review dated 10-22-15 non-certified the request.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 5 mg #60: 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. 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 5 mg #60 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. A review of the medical records indicates that the injured worker is undergoing treatment for neck, upper and lower back and ankle pain. Date of injury is December 3, 2013. Request for authorization is October 9, 2015. According to a September 24, 2015 progress note, subjective complaints include low back pain constant and neck pain and right ankle pain. Objectively, there is tenderness over the lumbar spine L3 through S1. There is tenderness of the cervical spine, thoracic spine and right ankle. The documentation indicates the injured worker has been using opiates for a prolonged period of time. There is no specific start date for Norco. Medications are not listed in the progress note documentation in the body of the medical record. There are no detailed pain assessments or risk assessments. There is no clinical rationale for changing the Norco 5 mg quantity from #45 to #60. There is no documentation indicating an attempt at weaning Norco 5 mg. There is no documentation demonstrating objective functional improvement to support ongoing Norco 5 mg. The injured worker has ongoing constant chronic low back pain. Based on clinical information in the medical record, peer-reviewed evidence-based guidelines, no documentation with a specific start date, documentation indicating Norco has been used for a prolonged period of time, no documentation demonstrating objective functional improvement, no detailed pain assessments or risk assessments and no documentation with attempted Norco weaning, Norco 5 mg #60 is not medically necessary.