

Case Number:	CM15-0040718		
Date Assigned:	03/10/2015	Date of Injury:	09/10/1997
Decision Date:	04/14/2015	UR Denial Date:	02/05/2015
Priority:	Standard	Application Received:	03/03/2015

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: California

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

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 67-year-old female, who sustained an industrial injury on September 10, 1997. The exact mechanism of the work related injury and initial complaints were not included in the documentation provided. The injured worker was diagnosed as having lumbar strain and thoracic sprain. Treatment to date has included medication. Currently, the injured worker complains of pain in neck. The Treating Physician's report dated January 8, 2015, noted the injured worker reporting medication helped do all activities, with a 9/10 pain level without medication, and a 7/10 pain level with medication. The lumbar spine and neck were noted as not tender with functional range of motion (ROM). The treatment plan included continuing all medications, as the injured worker was not interested in weaning.

IMR ISSUES, DECISIONS AND RATIONALES

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

Vicodin 5/300mg #60: Overturned

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, Tricyclic Antidepressants, Anti-Epileptic Medications Page(s): 78, 13, 19. Decision based on Non-MTUS Citation Physicians' Desk Reference, PDR, 2010, Trazadone.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 & 9792.26 MTUS (Effective July 18, 2009) Page(s): 44, 47, 75-79, 120 of 127.

Decision rationale: Regarding the request for Norco, California Pain, Medical Treatment Guidelines note that it is an opiate pain medication. Due to high abuse potential, close follow-up is recommended with documentation of analgesic effect, objective functional improvement, side effects, and discussion regarding any aberrant use. Guidelines go on to recommend discontinuing opioids if there is no documentation of improved function and pain. Within the documentation available for review, it appears that the medication is improving the patient's pain and function, and causing no intolerable side effects. It is acknowledged that the information about functional improvement is fairly nonspecific. Additionally, there is no documentation about an opiate agreement or discussion regarding aberrant use. However, a one-month prescription, as requested here, should allow the requesting physician time to better document those things. As such, the currently requested Norco is medically necessary.