

Case Number:	CM15-0057546		
Date Assigned:	04/02/2015	Date of Injury:	12/07/2007
Decision Date:	05/07/2015	UR Denial Date:	03/13/2015
Priority:	Standard	Application Received:	03/26/2015

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: Texas, California

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 34 year old female, who sustained an industrial injury on December 7, 2007. She reported neck pain, bilateral shoulder pain and low back pain. The injured worker was diagnosed as having diffuse musculoskeletal myofascial pain, cervical disc bulge with degenerative osteophyte, bilateral shoulder strain/sprain, psych issues, gastrointestinal issues secondary to non-steroidal anti-inflammatory drug use, headaches and lumbar spine sprain/strain. Treatment to date has included diagnostic studies, chiropractic care, acupuncture, psychotherapy, medications and work restrictions. Currently, the injured worker complains of neck pain, bilateral shoulder pain, left knee and wrist and low back pain. Physical examination on 1/29/15 revealed tenderness on palpation over shoulder and low back and antalgic gait. The injured worker reported an industrial injury in 2007, resulting in the above noted pain. She was treated conservatively without complete resolution of the pain. It was noted she remained in pain constantly and required a cane to ambulate. It was noted she had failed multiple conservative therapies. She reported foot pain that developed in 2011 secondary to unknown reasons. She continued to experience pain and with associated depression, anxiety and panic. Evaluation on January 26, 2015 revealed continued pain. Norco was requested. The medication list include Norco, Cymbalta, Vicodin, Soma and Elavil. The patient has had MRI of the low back on 4/3/13 that was normal and MRI of the cervical spine on 5/23/13 that revealed disc protrusion and normal right shoulder on 6/19/13. The patient has had urine drug screen test on 8/15/13 that was negative for any medication. A recent urine drug screen test report was not specified in the records provided.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #60: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids, criteria for use: page 76-80Criteria For Use Of Opioids Therapeutic Trial of Opioids.

Decision rationale: Norco contains Hydrocodone with APAP which is an opioid analgesic in combination with acetaminophen. According to CA MTUS guidelines cited below, "A therapeutic trial of opioids should not be employed until the patient has failed a trial of non-opioid analgesics. Before initiating therapy, the patient should set goals, and the continued use of opioids should be contingent on meeting these goals." The records provided do not specify that patient has set goals regarding the use of opioid analgesic. A treatment failure with non-opioid analgesics is not specified in the records provided. Other criteria for ongoing management of opioids are: "The lowest possible dose should be prescribed to improve pain and function. Continuing review of the overall situation with regard to nonopioid means of pain control. Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Consider the use of a urine drug screen to assess for the use or the presence of illegal drugs." The records provided do not provide a documentation of response in regard to pain control and functional improvement to opioid analgesic for this patient. The continued review of overall situation with regard to nonopioid means of pain control is not documented in the records provided. As recommended by MTUS a documentation of pain relief, functional status, appropriate medication use, and side effects should be maintained for ongoing management of opioid analgesic, these are not specified in the records provided. MTUS guidelines also recommend urine drug screen to assess for the use or the presence of illegal drugs in patients using opioids for long term. A recent urine drug screen report is not specified in the records provided. Whether improvement in pain translated into objective functional improvement, including ability to work is not specified in the records provided. With this, it is deemed that, this patient does not meet criteria for ongoing continued use of opioids analgesic. The medical necessity of Norco 10/325mg #60 is not established for this patient. Therefore, the request is not medically necessary.