

Case Number:	CM15-0084171		
Date Assigned:	05/06/2015	Date of Injury:	03/21/2011
Decision Date:	06/04/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

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: North Carolina, Georgia
 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 39 year old, female who sustained a work related injury on 3/21/11. The diagnoses have included myofascial pain syndrome, cervicgia, cervical radiculopathy, cervical spinal stenosis and cervical spine degenerative disc disease. The treatments have included oral medications, Lidoderm patches, chiropractic treatment, TENS unit therapy, physical therapy, cervical epidural injections, trigger point injections, and acupuncture. In the PR-2 dated 3/24/15, the injured worker complains of high level neck pain and headaches with on and off radiating symptoms down both arms, left worse than right. She wakes up several times at night with neck pain and headaches. Pain is made better with medication. She states an average pain level at 3/10. The pain level at best is a 2/10 with medications and a 7/10 without medications. She is able to work full time. The treatment plan includes a prescription refill for Norco.

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

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Section 2
Page(s): 74-89.

Decision rationale: CA MTUS allows for the use of opioid medication, such as Norco, for the management of chronic pain and outlines clearly the documentation that would support the need for ongoing use of an opioid. These steps include documenting pain and functional improvement using validated measures at 6 months intervals, documenting the presence or absence of any adverse effects, documenting the efficacy of any other treatments and of any other medications used in pain treatment. The medical record in this case does not use any validated method of recording the response of pain to the opioid medication or of documenting any functional improvement. It does not address the efficacy of concomitant medication therapy. Additionally, the medication is explicitly prescribed for "As needed use" yet the request indicates an average of 5 pills used per day, which indicates quite regular use. A short acting opioid like Norco is not intended for regular ongoing use of this type. Therefore, the record does not support medical necessity of ongoing opioid therapy with Norco. The request is not medically necessary.