

Case Number:	CM15-0084588		
Date Assigned:	05/06/2015	Date of Injury:	03/17/1999
Decision Date:	06/08/2015	UR Denial Date:	04/20/2015
Priority:	Standard	Application Received:	05/04/2015

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: Ohio, North Carolina, Virginia
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:

This 62 year old female sustained an industrial injury to the back, neck, hand and arm on 3/17/99. Recent treatment included medications. Past medical history included fibromyalgia. In PR-2's dated 12/8/14, 1/7/15, 2/4/15 and 3/4/15, the injured worker complained of pain 8-9/10 without medications. The injured worker was prescribed Norco 10/325 mg every 4-5 hours. In a PR-2 dated 4/2/15, the injured worker complained of pain 3/10 on the visual analog scale with medications. The injured worker reported that she had been without Lyrica for three days with an increase in pain to 10/10. Current diagnoses included elbow pain, hand pain, leg/foot/arm finger pain. Current medications included Norco 10/325 mg every 4-5 hours, Lyrica 25 mg every twelve hours and Senna twice a day. On 4/14/15, a request for authorization was submitted for Norco 10/325 mg, Quantity 180.

IMR ISSUES, DECISIONS AND RATIONALES

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

Norco 10/325mg #180: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Hydrocodone, Opioids.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Definition of functional improvement and Opioids Page(s): 1, 74-96.

Decision rationale: Those prescribed opioids chronically require ongoing assessment for pain relief, functional improvement, medication side effects, and any aberrant drug taking behavior. Opioids may generally be continued when there is functional improvement and pain relief and/or the injured worker has regained employment. Typical questions with regard to pain and opioids should include least pain, average pain, worst pain, duration of analgesia with medication, and time to onset of analgesia of the medication. "Functional improvement" means either a clinically significant improvement in activities of daily living or a reduction in work restrictions as measured during the history and physical exam, performed and documented as part of the evaluation and management visit billed under the Official Medical Fee Schedule (OMFS) pursuant to sections 9789.10-9789.111; and a reduction in the dependency on continued medical treatment. In this instance, the provider does indicate that there is pain relief with the medication, but it is unclear if the pain relief stems from Lyrica or Norco. It is stated that the injured worker is able to be active and do light activity with medication. However, there is no contrast drawn between what the injured worker can do with and without medication. There seems to be no reduction in the dependency on continued medical treatment over time and hence the criteria for functional improvement are not satisfied. Based upon the submitted medical record and with reference to the cited guidelines, Norco 10/325 mg #180 is not medically appropriate and necessary. The treating physician should consult available guidelines for opioid weaning.